

Electronic Funds Transfer Authorization

Please type all responses *Supplier Name: (as it appears on invoices) *Payment Currency: *Bank Name: *Bank Address: (Line 1) Bank Address: (Line 2) *Bank City: Bank State/Province: (if applicable in Country) Bank Postal Code: (if applicable in Country) *Bank Country: *Account Owner Name: Account Owner ID#: (if applicable in Country) Routing # (US) or Sort Code (UK): SWIFT Code: (*Non-US/UK) *Account Number: IBAN: (if applicable) Intermediary Bank SWIFT Code: (if required) Intermediary Bank Country: (if required) Supplier payment terms will default to Net 60. Any other terms below Net 60 will require additional approvals. Please sign and acknowledge: *Supplier Signature: *Signature Date: WIS Point of Contact:

This form is designed for WIS Supplier's use globally, and therefore may not contain the exact verbiage applicable in your Country. Please complete to the best of your knowledge and email supplier@wellboreintegrity.com with any questions.

Date Sent to Supplier: