



END USE / END USER STATEMENT

Due to the new rules on export restrictions, we request the following information when placing an order.

Wenzel Associates will not contact the end user for any reason or share this contact information with any other sales entity. End user information is for record keeping purposes and ITAR information only.

ACTUAL END USER

| | |
|--|--------------|
| Nature of Business | |
| | |
| Company Name | Phone Number |
| | |
| Address | |
| | |
| | |
| Technical Contact Name and Phone Number / E-mail Address | |
| | |

WENZEL PRODUCTS BEING PURCHASED ON PO # _____ *(Please fill in PO #)*

| Qty | Part Number | Description |
|--|-------------|-------------|
| | | |
| | | |
| Please check one: Commercial <input type="checkbox"/> Military <input type="checkbox"/> | | |

SPECIFIC END-USE. These products will be incorporated or used in the following end product(s) or system(s). Please be specific; provide program name and a detailed description of the application.

| | | | | | | | | |
|-----------|-------|--------------------------|-----------------|--------------------------|--------------|--------------------------|----------|--------------------------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Platform: | Ship | <input type="checkbox"/> | Airborne | <input type="checkbox"/> | Ground-based | <input type="checkbox"/> | Military | <input type="checkbox"/> |
| | Other | <input type="checkbox"/> | Please specify: | | | | | |

| |
|--|
| Country to be manufactured or used in: |
| |
| Country to be distributed in: |
| |

PURCHASING COMPANY

| | |
|--|--------------|
| Nature of Business | |
| | |
| Company Name | Phone Number |
| | |
| Address | |
| | |
| | |
| Technical Contact Name and Phone Number / E-mail Address | |
| | |

CERTIFICATION: I certify that all of the information given in this statement is true and correct to the best of my knowledge and belief and that I have not knowingly omitted any information that is inconsistent with this statement. Furthermore, by signing this EUS, I certify that I comply with the rules, regulations and restrictions for this transaction as governed by the United States of America and the country of destination.

Signature of Purchaser Printed name, Title of Purchaser Date

Please fax this form to 512-719-4086. Thank you for your assistance.