

 ${\it Thank you for your interest in ATI Industrial Automation/Novanta\ Corporation.}$

 $To \ assist \ us \ in \ your \ request \ for \ credit, \ please \ complete \ this \ application, \ sign \ where \ indicated, \ and \ provide \ ALL \ information.$



Customer Create/Change Form

| Complete information below * Indicates Required Information | | ADD | CHANGE | | |
|---|-------------------|----------|----------|---|-------------------------|
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | |
| Customer Name * | | | | | |
| Customer Account No. | | | | Currency | US Dollar \$ |
| Customer # to be completed by Novanta Federal Tax No.* | İ | | | If approved, Novanta's Default Terms Requested Terms: | are 30 Days Net |
| Order ship to State - Taxable or Exempt | | | | Requested Credit Limit | |
| Order Ship to State - rayable or Exempt | | | <u>-</u> | | by Novanta Finance team |
| Sales Tax Exemption or Resale #:* Novanta automatically calculates sales tax according to the ship to si | | ate | | Payment Terms | |
| Novanta Nexus States: (See List) | i | | | Credit Limit | |
| GST/China Tax ID # (if applicable) | | | | Novanta Business Unit | |
| D-U-N-S Number (if known - not | required) | | | Created By: | |
| Industry Segment (select 1 of the | e following) | | | Date: | |
| | Corporate Address | | | | |
| Company Name Line 1 * | | | | | |
| Company Name Line 2 | | | | | |
| Contact / Attention | | | | | |
| Street * | | | | | |
| Zip Code * | | | Phone | | |
| City * | | | State * | | |
| Country * | | | E-Mail | | |
| Bank Data (voluntary informatio | n) | | | · | |
| | Bill-to Address | | | | |
| Company Name Line 1 * | | | | | |
| Company Name Line 2 | | | | | |
| Contact / Attention | | | | | |
| Street * | | | | | |
| Zip Code * | | | Phone | | |
| City * | | | State * | | |
| Country * | | | E-Mail * | | |
| Finance E-mail to be used for E-I | nvoicing * | | | | |
| | Ship-to Address | | | | |
| Company Name Line 1 * | | | | | |
| Company Name Line 2 | | | | | |
| Contact / Attention | | | | | |
| Street * | | | | | |
| Zip Code * | | | Phone | | |
| City * | | | State * | | |
| Country * | | | E-Mail | | |
| Shipping Method Preference * | | | | | |
| Shipping Account Number (Colle | ect) | | | | |
| Simpling Account Number (Cone | ccj | <u> </u> | | | |



ATI INDUSTRIAL AUTOMATION, Inc 1031 Goodworth Drive Apex, NC 27539 919-772-0115 919-772-8259 (fax)

ACH / WIRE TRANSFER INFORMATION

BANK: Truist Bank

BANK ADDRESS: 801 E Williams St. Apex, 27502

BANK TELEPHONE NUMBER: 919-362-7531

BANK ABA NUMBER: 053101121

ATI BANK ACCOUNT NUMBER: 0005211921295

SWIFT CODE: BRBTUS33

WHEN PAYMENTS ARE MADE PLEASE SEND REMITTANCE INFORMATION TO

ati-ar@novanta.com



Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

| | 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. | | | | | | | | | | | | |
|--|--|---------|---|--------|--------------------------|---|---------------|-------|---|--|--|--|--|
| | ATI Industrial Automation Inc. | | | | | | | | | | | | |
| | 2 Business name/disregarded entity name, if different from above | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| page 3. | 3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of t following seven boxes. | CE | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): | | | | | | | | | | |
| s on | ☐ Individual/sole proprietor or ☑ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estat single-member LLC | | Exempt payee code (if any) | | | | | | | | | | |
| /pe ion | Exempt payee code (if any) | | | | | | | | | | | | |
| r t | Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check Exemption from FATCA reporting | | | | | | | | _ | | | | |
| Print or type. Specific Instructions on page | Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that | | | | | | |) | | | | | |
| Ë | is disregarded from the owner should check the appropriate box for the tax classification of its owner. Other (see instructions) (Applies to accounts maintained outside the U.S.) | | | | | | | | | | | | |
| Spe | | me and | and address (optional) | | | | | | | | | | |
| 1031 Goodworth Drive | | | | | | | | | | | | | |
| 6 City, state, and ZIP code | | | | | | | | | | | | | |
| Apex, NC 27539-3869 | | | | | | | | | | | | | |
| | 7 List account number(s) here (optional) | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Pa | Taxpayer Identification Number (TIN) | | | | | | | | | | | | |
| . , | | | | | | | curity number | | | | | | |
| backup withholding. For individuals, this is generally your social security number (SSN). However, for a | | | | | 1 | | | | | | | | |
| | ent alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other es, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a</i> | | - | | - | | | | | | | | |
| TIN, I | · · · · · · · · · · · · · · · · · · · | | ı | | J | _ | | | | | | | |
| , <u></u> | | | | | er identification number | | | | | | | | |
| Number To Give the Requester for guidelines on whose number to enter. | | | | | | | | 一一 | | | | | |
| | 5 6 | - | 1 | 6 6 | 6 | 6 | 9 | 3 | | | | | |
| Par | t II Certification | | | • | | | | | | | | | |
| Unde | penalties of perjury, I certify that: | | | | | | | | | | | | |
| 1. Th | e number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be | e issue | d to | me); a | ınd | | | | | | | | |
| Se | n not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not bee vice (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or longer subject to backup withholding; and | | | | | | | | | | | | |

- 3. I am a U.S. citizen or other U.S. person (defined below); and
- 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

| Sign Here | Signature of U.S. person ▶ | Angela Dunn | | Date ► | 1-10-22 |
|--------------|-------------------------------|-------------|---|--------|---------|
| | | // | • | | |

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.





| To Our Valued Customer: |
|--|
| We are in need of your current Sales Tax Exemption Certificate or Resale Certificate for our files. |
| If you believe that your purchases are exempt from sales tax, please check the box and return with the appropriate tax document. |
| Purchase is taxable |
| Purchases are for resale or are component parts to be used in manufacturing |
| We have a Direct Pay Permit from the state |
| We appreciate your prompt assistance in this matter. |
| Thank you in advance for your cooperation, |
| Angela Dunn |
| Credit & Collection Manager |
| ATI Industrial Automation Inc, a Novanta Company |
| Direct Phone: 315-218-1331 |
| angela.dunn@novanta.com |

UNIFORM SALES & USE TAX CERTIFICATE—MULTIJURISDICTION

The below-listed states have indicated that this form of certificate is acceptable, subject to the notes on pages 2-4. The issuer and the recipient have the responsibility of determining the proper use of this certificate under applicable laws in each state, as these may change from time to time. Issued to Seller: Address: is engaged as a registered I certify that: Name of Firm (Buyer): ☐ Wholesaler Retailer Manufacturer Seller (California) Lessor (see notes on pages 2-4) Other (Specify) and is registered with the below listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients or components of a new product or service' to be resold, leased, or rented in the normal course of business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) the following: Description of Business: General description of tangible property or taxable services to be purchased from the seller: State Registration, Seller's Permit, or ID State Registration, Seller's Permit, or ID State Number of Purchaser Number of Purchaser MO¹⁶ AL^1 NE^{17} AR AZ^2 NV CA3 NJ NM^{4,18} CO⁴ NC19 CT5 DC6 ND FL⁷ GA⁸ OH^{20} OK^{21} HI^{4,9} PA²² ID IL^{4,10} RI²³ SC SD²⁴ IA KS TN KY¹¹ TX²⁵ ME¹² UT MD^{13} VT MI^{14} WA²⁶ MN¹⁵ WI^{27} I further certify that if any property or service so purchased tax free is used or consumed by the firm as to make it subject to a Sales or use Tax we will pay the tax due directly to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be a part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by the city or state. Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter. Authorized Signature: (Owner, Partner or Corporate Officer)

Date:

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