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AMERICAN AIRLINES, INC. INTERNATIONAL VENDOR PROFILE FORM (Please Print)

All vendors must complete these forms. Payments will not be made without the completed forms and requested documents. If applicable per country requirements, American Airlines will withhold taxes unless a withholding exemption certificate is provided.

| VENDOR BASIC BUSINESS INFORMATION | | | | |
|--|----------------------------------|--|--|--|
| Legal Business Name: | | | | |
| Parent Company (if applicable): | | | | |
| Tax ID/Tax Registration Number: | | | | |
| Company Registration Number (if applicable): | | | | |
| For Billing Inquiries: | | | | |
| Contact Name: | | | | |
| Title: | | | | |
| Tel: | Ext. | | | |
| Fax: | | | | |
| Email: | | | | |
| Business Address: | Remittance Add | lress: | | |
| Address 1: | Address 1: | | | |
| Address 2: | Address 2: | | | |
| City: | City: | | | |
| State: Postal Code: | State: | Postal Code: | | |
| Country: | Country: | | | |
| Website: | Email: | | | |
| Please provide a copy of the following documents as ap | plicable: | | | |
| Business Existence Certificate (Colombia only) | | nvoice with Company Logo | | |
| Company Business License or Registration Document | | Bank Verification document (for electronic payments) | | |
| Tax Registration (VAT or other Tax Registration) | | Bank Account Certificate (where required) | | |
| Primary Contact at American Airlines: | | | | |
| Contact Name: | | | | |
| Phone: | Email: | | | |
| Type of Good or Service Provided to American Airlines: | | | | |
| | | | | |
| COUNTRY SPECIFIC INFORMATION/DOCUMENTS IN AD | | | | |
| Check applicable Tax Payer Category (Andean Countries | : Bolivia, Colombia, Ecuador, Pe | u and Venezuela only): | | |
| Buen Contribuyente | Autorretened | Autorretenedor | | |
| GRACO | Régimen Sim | Régimen Simplificado | | |
| Gran Contribuyente | | ención | | |

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AMERICAN AIRLINES, INC. INTERNATIONAL VENDOR BANK DETAILS FORM (PLEASE PRINT)

| BANK ACCOUNT HOLDER | | | | | | |
|--|-------------------------------|---------------|--|------|--|--|
| Business / Company / Payee Name: | | | | | | |
| Street Address: | | | | | | |
| City: | | | | | | |
| Postal Code: | Country: | | | | | |
| Contact name & phone number: | | | | | | |
| Contact Email Address for Payment D | Details and/or e-certificates | : | | | | |
| | | BENEFIC | CIARY BANK DETAILS | | | |
| Name of the Bank Account Holder: | | | | | | |
| Bank Account Holder Identity Card | or Tax ID Number | | | | | |
| Beneficiary Bank Account Number: | | | | | | |
| Beneficiary Bank Name: | | | | | | |
| Branch Address: | | | | | | |
| City: | | | | | | |
| Postal Code: | | | Country: | | | |
| Branch Code: | | | | | | |
| Bank Identifier Code (BIC or SWIFT): | | | | | | |
| International Bank Account Number | | | | | | |
| Bank Routing Transit Number (ABA/bottom of check) | BRN/ RTN usually at | | | | | |
| Unique Banking Code (CBU)-Argenti | na only: | | | | | |
| Bank Account Currency: | | | | | | |
| Bank Account Type: | | Chec | | | | |
| | INITED | MEDIADA | BANK DETAILS (if applicable) | | | |
| Intermediary Bank Name: | INTERI | VILDIANI | DANK DETAILS (II applicable) | | | |
| Account Number: | | | | | | |
| SWIFT/BIC/Routing Number: | | | | | | |
| | | | | | | |
| BANK CHECK (CHILE AND URUGUAY ONLY) The person below is authorized to pick up payment(s) for this supplier. | | | | | | |
| Name: | The person ber | ow is dutilon | zed to pick up payment(s) for this supplier. | | | |
| ID Number: | | | | | | |
| Signature: | | | | | | |
| I hereby certify that the information presented here is true and correct to the best of my knowledge. | | | | | | |
| | | | | | | |
| Respondent's Printed Name | and Title | | Respondent's Signature | Date | | |



NEW SUPPLIER CHECKLIST

Please ensure you have completed this checklist and return it with the documents listed below directly to $\frac{registro.proveedores@aa.com}{}$

| | International Vendor Profile Form (Page 1) completed by an authorized supplier employee. International Vendor Bank Details Form (Page 2) completed and signed by an authorized | | | | | | | |
|-------------------|--|---|--------------------------|--|--|--|--|--|
| | supplier employee. | | | | | | | |
| | Bank verification that includes the account holder's name, account number, account type, | | | | | | | |
| | currency and bank name. It can e | either be a copy of a voided check, ban | k statement, letter from | | | | | |
| | the bank, bank account certificate | e, or a bank card. (Italy is excluded.) | | | | | | |
| | Copy of an invoice with company logo. | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | Country-specific tax information (| see Page 1 of Vendor Form). | | | | | | |
| Am inf | merican Airlines email addresses | aa.com. We recommend that you need in order to maintain confidentiality ord protect the file, please send a personance. | y of sensitive | | | | | |
| I herek knowle | | rovided here is true and correct to | the best of my | | | | | |
| Suppli | ier's Printed Name & Title | Supplier's Signature | Date | | | | | |
| Заррії | ier 31 milea maine a mile | Supplier 3 Signature | Jute | | | | | |
| Compa | any Name and/or Company Stam | np | | | | | | |