**This Form To be completed by the supplier:**

|  |  |
| --- | --- |
| Date: | Click here to enter date. |
| Supplier Company Name: | Click here to enter supplier name. |
| Supplier Contact Name: | Click here to enter contact name. |
| Supplier Address (Street and Number): | Click here to enter street. |
| Supplier Address (Line 2): | Click here to enter address. |
| Supplier Address (Line 3): | Click here to enter address. |
| Supplier Address (City, State, Post Code / ZIP): | Click here to enter post code / ZIP. |
| E-Mail Address: | Click here to enter email. |

**Supplier Declaration:**

I have read the current version of the Tenneco [Supplier Requirements Manual](https://www.tenneco.com/docs/default-source/supplier-documents/srm-2469270720221046056699814.pdf?sfvrsn=81ce974b_1/%20SRM%20.pdf) and hereby certify confirm that Click here to enter company name agrees to adhere to all applicable sections of the Manual.

**Supplier Certification:** (To be signed by Authorized Representative of the Supplier)

I hereby certify that I have the authority to sign this certification on behalf of the company.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Date:** | Click here to enter the date |
| **Print Name:** | Click here to enter your name | **Designation:** | Click here to enter your job title |