

# **IMDS Company ID Confirmation Form**

**Submit to: Subaru of Indiana Automotive, Inc.  
Purchasing Department - Planning & Administration  
E-mail: [Ben.Gessel@subaru-sia.com](mailto:Ben.Gessel@subaru-sia.com)**

Company Name	
Supplier Code To SIA (i.e. A999)	
Address	

IMDS Company ID Code	
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**★Company Administrator**

Department	
Name (Full name)	
E-mail address	
Telephone No.	

**★Contact Person**

Department	
Name (Full name)	
E-mail address	
Telephone No.	

Note)

1. Every time the registration content is changed, please submit this format.
2. If you use one or more pages for notification, please make a copy of this format.
3. Entered information will be used for inquiry about IMDS.
4. This information will be disclosed to SUBARU TECHNO CORPORATION, with which SUBARU has entrusted IMDS management.