**New Vendor Information**

**1. To be completed by Vendor:**

Company Name: Name

Street Address: Address.

Street Address (2): Address.

Street Address (3): Address.

Street Address (4): Address.

City: City. Postal Code: Postal Code.

District District. Region/State Region/State.

Country of Entity: Country Country of Manufacture: Country

Phone Number: Number

Fax Number: Number

P.O. Contacts Name: Name

P.O. Email Address: Email

Sales Contact: Name

Payment Terms: Payment Terms Payment Currency: Currency

Banking Details: for wire payment provide banking details

D-U-N-S® Number: Number

Documents: NDA  Insurance (Meets NYAB minimal requirements)

Barcode Capability according to NYAB Standards: Yes No

Certificates: Please check box and include a copy when returning Form

AAR M-1003  ISO 9001  ISO/TS 22163  ISO/TS 16949

CMMI  ISO 14001  ISO 45001  ISO 50001

ISO Other: any other ISO Certs

MBE  WBE  SDB  DBE

8(a) Designation  HUB  DVBE

Other Certificates: Add anything not listed

Domestic Vendors:

Federal ID Number: Number

W-9 (Provide a Copy)

International Vendors:

W-8 (Provide a Copy)

C-TPAT (Provide a Copy)

If remit address is different, provide information below

Company Name: Name if Different

Address: Address if Different

Phone Number: Number if Different

Fax Number: Fax if Different

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Please return to: Commodity Manager

Email: Email

Phone: Number

**2. To be completed by NYAB Commodity Manager**

Reason for New Vendor: Click here to enter text.

Indicate which plants: NYAB/Premtec/Kansas City/TDS/Snyder/Del Rio (0302)

Acuna (0439)

ABS (0450)

Commodity/Code: Code and Sub Code

Is this Supplier for: Production  Non-Production

SAP  If SAP, Purchase Org – US01  US40

SRM  If SRM, Purchase Org – USIM  MXIM

Is there a copy of all Vendor Documents/Certifications: Yes  No

Documents Vendor still needs to provide: Name of missing documents

Payment Terms Verification: Terms

Incoterms: Incoterms

Is this for an independent Contractor? Yes No  (If yes must go to HR for approval before set up in SAP)

Commodity Manager:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. Trade Compliance Check**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

International Trade and Customs Compliance Officer

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. Authorization to add New Vendor**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director of Purchasing

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. To be completed by NYAB Purchasing Controlling**

Vendor Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vendor Information Loaded in System: Yes  No

Buyer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6. To be completed by NYAB Tools and Processes**

Entity Check

Domestic State entity Check

D-U-N-S®

Set up KBID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All Documents Loaded in Document Management System

Completed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_