**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_