



MAGNESIA, LLC

**PREMIER MAGNESIA - GILES CHEMICAL
COMPANY FORM**

Title: **New Vendor Approval
Request**

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Revision : **00**
Effective Date : **08/27/12**

Author: **Deborah
Durbin**

Form Number: **QA-012-F01**



Date: _____

Anticipated Usage:

Submitted by: _____

One Time Only _____

Ongoing _____

CONTACT INFORMATION

Company Name: _____ Contact: _____

Address: _____

Phone: _____ Fax: _____

Remittance Address: _____
(if different from above)

Products or Services to be provided: _____

For Quality Assurance Use Only

Product or service being requested has a potential to affect Giles' product quality/service quality?

____ Yes* ____ No**

* If "yes", Quality Director to process the request per procedure QA-012:
"Vendor Selection & Qualification"

** If "no", forward copies of this from to the original requestor and to the
Accounting /Purchasing Manager.

This allows for immediate purchase actions to take place.

Printed Name: _____

Signature: _____/Date _____

[illegible]