
	GILES CHEMICAL ~ PREMIER MAGNESIA		
	Company Form		
	Title: New Vendor Approval Request	Number: QR12-PR-100-F023a	
	Owner: Deborah Durbin	Revision: 0	
	Effective Date: 08/27/12	Page: 1 of 1	

Date: _____

Anticipated Usage:

One Time Only _____

Submitted By: _____

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

____ Yes* ____ No**

* If yes, Quality Director is to process the request per *Critical Vendor Qualification Evaluation* Q12-PR-100-023.

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

This allows for immediate purchase actions to take place.

Printed Name: _____

Signature: _____ Date: _____

Controlled Document