
	<b>GILES CHEMICAL ~ PREMIER MAGNESIA</b>		
	<b>Company Form</b>		
	Title: <b>New Vendor Approval Request</b>	Number: <b>Q12-PR-100-F023a</b>	
	Owner: <b>Deborah Durbin</b>	Revision: <b>0</b>	
	Effective Date: <b>05/04/16</b>	Page: <b>1 of 1</b>	

Date: \_\_\_\_\_

Anticipated Use: One Time Only ☐ On Going ☐

Submitted by: \_\_\_\_\_

### 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 the potential to affect the quality of Giles' product(s)?

☐ Yes\* ☐ No\*\*

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

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

**Quality Assurance signature required to allow for immediate purchase actions to take place.**

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

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

### Controlled Document

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