



## Request for New Service

Código: QB-FR-A-09-03-I

Rev: 02

Fecha de emisión: 03-01-2023

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### STAGE 1 Request for New Service

This agreement is executed on the date \_\_\_\_\_; between Quality Bolca hereinafter will be called "SUPPLIER", with federal taxpayer / Tax ID QB00902209C9, located at Carretera a Paso Blanco No. 300, Localidad Tepetates c.p. 20908, Jesús María Ags. and \_\_\_\_\_ who hereinafter will be called "CUSTOMER", with federal taxpayer registration / Tax ID \_\_\_\_\_, located at \_\_\_\_\_.

This document will be attached to the quote, with folio \_\_\_\_\_ the contract was previously authorized by the customer. In this document, we detail all the conditions to request a new service, purchased of the service is required before initiating with activities.

#### Contact Information - Requester

##### Customer

Contact / department:	_____	Mobile:	_____	e-mail:	_____
Contact / comercial:	_____	Mobile:	_____	e-mail:	_____
<b>Plant:</b>					
Location where the service will be performed: _____					
Contact at service location:	_____	Mobile:	_____	e-mail:	_____
Protocol Access:	_____				
PPE requirements:	_____				
Purchase Order Issued:	_____	Credit Terms:	_____	Is insurance required?:	_____

#### Service Requirements

Service Type:	Selection <input type="checkbox"/>	Re-work: <input type="checkbox"/>	Packaging <input type="checkbox"/>	Other:	_____
Part Number:	_____		Part Name:	_____	
Part type:	_____				
Defect (s):	_____			Estimated service time:	_____
Inspection type:	Visual <input type="checkbox"/>	Dimentional <input type="checkbox"/>	Funcional <input type="checkbox"/>	Gauge <input type="checkbox"/>	Other: _____
Equipment Required for Inspection	_____				
Provided by:	_____				
Total Request Inventory	At plant		In Transit		Other Location
Requested daily material: _____					
How many staff members are needed?			Shifts and hours:		
_____					
Charging schema:	Rate: _____ pcs/hr	Invested time: _____ (8 hours of work + transportation time / staff) hours/man			
Inspection Area:	Incoming <input type="checkbox"/>	GP12 <input type="checkbox"/>	Werehouse <input type="checkbox"/>	Other: _____	
Does QB need to provide infrastructure for the inspection?	_____				
Special PPE required for the inspection:	_____				
Is a guaranteed mark needed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Type or mark:	_____	Quantity of marks: _____
How often is a report needed?	_____		Restrictions:	_____	
Are travel expenses needed?	YES (Incluir en cotización) <input type="checkbox"/>	NO <input type="checkbox"/>	_____		
Does the customer provide work method?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Comments:	_____	
Authorization of use of cafeteria and transportation:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Comments:	_____	

\*Este formato en blanco al momento de su impresión tiene validez 1 semana.

### Customer Billing Flow

1. The Data Entry department will send a daily report from Monday to Friday of the fulfilled work, starting on the second day that the service has begun.
2. On Tuesdays and Wednesdays a weekly report or staff concentrate from the preview week will be send with a summary of the daily reports that been previously sent, this report will be sent from our Customer Service department.
3. The weekly report or staff concentrate sent on Tuesdays or Wednesdays will be invoiced on the same week; therefore, you will receive an invoice no later than Friday of the following week of the beginning of the service.
4. The credit days will start at the moment of initiating a commercial relationship and/or placing an order for a new service.

In this document we are only presenting the initial information of the service, the duration of the service will be based on the quantity of parts or persons that were requested. Therefore, it is necessary that the CUSTOMER provides us with a formal document with the date on which they wish to stop the service. Without the document the SUPPLIER will continue with the service until otherwise indicated. The SUPPLIER will issue a weekly invoice that will have to be processed for their correct payment, respecting the commercial terms that were specified in the quote. \_\_\_\_\_

I agree with the terms and conditions mentioned in this document and I'm responsible for paying the entire amount.

CUSTOMER'S SIGNATURE

Commercial Contact

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

Title: \_\_\_\_\_

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

SUPPLIER'S SIGNATURE

Commercial Contact

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

Title: \_\_\_\_\_

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

Purchase Order

### STAGE 2

#### Commercial Details

Denomination	Company Name	RFC
Company's commodity	Street	Number
Colonia	Municipality	State:
Postal code:	Contry:	Phone:
Accounts Payable Contact	Mobile:	e-mail:
Contact for sending invoices	Mobile:	e-mail:
Account Number	Bank code:	Bank Name:
Bank RFC	Currency	Payment Form:
Use of CFDI	Payment Method:	Billing Portal

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### CONTROL DE CAMBIOS

Revisión	Fecha	Descripción del cambio	Originador
00	03/01/2023	Emisión del formato.	Laura Vieyra
01	03/03/2023	Cambio de logotipo dela organización.	Nancy Reyes
02	09/03/2023	Se agrega etapa 1 y etapa 2 en el formato.	Laura Vieyra