

 <small>INNOVATING WITH QUALITY AND VALUE, FOREVER</small>	Form / Format		FF SUP 17		Page No. 1 of 1		
	Vendor Creation		ISSUE NO. 8		Rev No. 2		
Vendor Name:		Company Code:		Vendor Code:			
ADDRESS							
Line 1:							
Line 2:							
City:		State:					
Country:		Pincode:					
CONTACT DETAILS:							
1) Name		2) Name					
Designation:		Designation:					
Telephone No:		Telephone No:					
Mobile no:		Mobile no:					
Fax no:		Fax no:					
Email ID:		Email ID:					
COMMERCIAL DETAILS:					(Tick Appropriate)	Place / Port	
Payment Terms:		Mode of Despatch (Tick Appropriate)	Air		Shipping Terms (Tick Appropriate)	EXW	
Currency:			Sea			FCA	
GSTIN No.			Road			FAS	
PAN No:			Train			FOB	
			Courier			CFR	
Bank Details:		Freight Type (Tick Appropriate)	Inclusive			CIF	
			Exclusive			CPT	
Name		Transporter Code				CIP	
Acc: No.						DAT	
						DAP	
						DDP	
IFSC Code		Credit Limit :					
SWIFT							
PAN No:							
OTHER DETAILS:		Vendor Category: (Tick Appropriate)					
Vendor Type: (Tick Appropriate)		Standard Local - FF SUP 13					
Original Component Manufacturer		Standard Foreign - FF SUP 13					
Authorized Supplier		Services - FF SUP 13					
Franchised Distributor		Custom Built Local - FF SUP 01					
Independent Distributor / Broker Distributor / Stocking Distributor / Trader		Custom Built Foreign - FF SUP 01					
		Capex/Revex:- Spare/Tool/Machine/Equipment/Software/Jig					
		Tools,Jigs,Fixtures:					
SQAM signed by supplier		YES/NO - Attach the signed copy (cover page only) along with this					
Mode of Evaluation:							
Prepared By		Approved By			ERP Entered By		
Sign:		Sign:			Sign:		
Name:		Name:			Name:		
Date:		Date:			Date:		