

		NEW SUPPLIER REQUEST				INITIATED BY	
				DATE			
SUPPLIER INFORMATION							
COMPANY							
ADDRESS						STATE	ZIP
PHONE				FAX			
WEB SITE				EMAIL			
CONTACT							
QUALITY STD							
REASON TO ADD SUPPLIER							
ADDITIONAL INFORMATION							
SUPPLIER PRODUCTS OR SERVICES							
DETAILED DESCRIPTION (S)							
Qualification Plan							
<input type="checkbox"/> Self Survey <input type="checkbox"/> Site Visit <input type="checkbox"/> Samples Evaluated <input type="checkbox"/> References Checked <input type="checkbox"/> Industry Presence <input type="checkbox"/> Customer Specification Driven							
Qualification Records/Notes							
NOTES							
<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED REASON:							
BY _____ SIGNATURE : _____ DATE: ____ / ____ / ____							