SUPPLIER REQUEST FORM

Authorization to Add Supplier to Approved Supplier List

Requested by: _____ **Facility:** _____ **Date:** _____

Reason for Addition: _____

Reason for not using current source on ASL (e.g. capacity, pricing, technical, delivery, freight, etc.):
_____

List of Other Suppliers Contacted (from ASL):

Supplier: _____ **ASL #:** _____
Supplier: _____ **ASL #:** _____
Supplier: _____ **ASL #:** _____

Supplier to be Added to ASL

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **Country:** _____

Contact: _____ **Phone:** _____ **Email:** _____

Type of Product or Service: _____

Is Supplier for Fluid Fittings: Yes ☐ No ☐ **If Yes, Supplier must be audited annually per Nadcap Requirements, unless they are Nadcap approved**

ISO/AS/Nadcap Certified: Yes ☐ No ☐ **List Certifications:** _____

Customer Approved: Yes ☐ No ☐ **List Customer Approvals:** _____

Accounting Information

Terms: Howmet Mandates Net 90* for all suppliers, does Supplier agree to these terms? **Yes** ☐ **No** ☐

Tax ID (W9 Form required) _____ **Estimated Yearly Spend $$:** _____

 *May vary by Country

Purchasing

Approved: Yes ☐ No ☐ **ASL Group No. 1-12:** _____

Reason for Not Approving: _____ **Denial List:** Yes ☐ No ☐

Oracle Supplier #: _____ **Misc. Info:** _____

Approvals*

Quality Manager: _____	**Date:**	_____
Engineering: _____	**Date:**	_____
Purchasing: _____	**Date:**	_____
Supply Chain: _____	**Date:**	_____
Mfg. Engineering: _____	**Date:**	_____
Production: _____	**Date:**	_____

*Quality / Engineering / Purchasing Signatures are Required to Add a Supplier