

Net Shaped Solutions

Request for Supplier Code Assignment & Address Changes

Directions:

Please complete this form to request establishment of a supplier code in Trans4M. When this pertains to an employee, submit only the name and home address to be entered into Trans4M.

Nature of Request: NEW (); CHANGE ();

Circle/Indicate type of Change: Payment or Street Address, Terms, Other?

Type of Supplier	Product or Service Type	Estimated Annual Spend
<input type="checkbox"/> Tooling		
<input type="checkbox"/> Raw Materials		
<input type="checkbox"/> Outside Processing		
<input type="checkbox"/> MRO		
<input type="checkbox"/> Other		

<i>Required Information</i>	
Date	August 15, 2013
Supplier Code	
Supplier or Employee Name ^{1/}	
Street Address (Ship)	
City	
State/Province	
Postal Code	
Country	
Contact Name	
Telephone #	
Fax #	
Email Address	
Address (Billing)	
City	
State/Province	
Postal Code	
Country	
DUNS #	
Government (EIN) or "EMPLOYEE"	
Payment Terms	
Other	

NOTES:

1/ For employees, only a name and a home address is required. Enter "EMPLOYEE" in Trans4M field titled Government.

Submitted by:	
Purchasing Approval:	
Accounting Approval:	

Supplier Code Assigned:		Date Entered in Trans4M	
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This section is for use by Purchasing:

Forms (check all that apply)	Raw Materials	Outside Processing	Tooling	MRO	Other
Payment Term Deviation Approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supplier Profile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Disclosure Agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
W-9 Form (Government ID)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D & B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality (TS/ISO/AI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heat Treating/Gaging Certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minority/Female Owned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance/Safety (for on-site work)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>