



**SECTION 1 - TO BE COMPLETED BY SUPPLY CHAIN OR SUPPLIER (highlighted fields are mandatory)**

**GENERAL INFO**      **Approval type:** New Supplier      Crane Site: Burbank

Supplier: \_\_\_\_\_      Supplier # \_\_\_\_\_

A Subsidiary or Division of: \_\_\_\_\_      Cage Code: \_\_\_\_\_

Purchasing Address: \_\_\_\_\_

City: \_\_\_\_\_      State: \_\_\_\_\_      Zip: \_\_\_\_\_

Email: \_\_\_\_\_      Country: \_\_\_\_\_

Phone: \_\_\_\_\_      Fax: \_\_\_\_\_

Use Purchasing Address for Payment Address?

  

Purchasing Contact: \_\_\_\_\_      Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Quality Contact: \_\_\_\_\_      Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Payment Terms: \_\_\_\_\_      Net: \_\_\_\_\_      Terms approved: \_\_\_\_\_  
Example: 2.00% 10 Net 30

Invoice Match Option: \_\_\_\_\_      Ship Via: \_\_\_\_\_

Crane Ship to Location: \_\_\_\_\_      FOB: \_\_\_\_\_

Crane Bill to Location: \_\_\_\_\_      Freight: \_\_\_\_\_

**SMALL BUSINESS STATUS** (If yes to any of these questions supplier must fill out and return form 70-021, link below)

Small Business:

Women-Owned:

Veteran Owned Small Business:       [Small Business Certification \(70-021\)](#)

Service disabled:

Historically Black Colleges & Universities & Minority Institutions:

Small disadvantaged business:

HUB Zone Certified:

**QUALITY INFORMATION** (provide copies of certs):

Does a supplier have a QA manual:

Certification: \_\_\_\_\_      Expires: \_\_\_\_\_

Certification: \_\_\_\_\_      Expires: \_\_\_\_\_

Certification: \_\_\_\_\_      Expires: \_\_\_\_\_

Metrics to your current customers:

PPM: \_\_\_\_\_      Time period: \_\_\_\_\_

OTD: \_\_\_\_\_      Time period: \_\_\_\_\_

**SECTION 1 INSTRUCTIONS**

**!!Important!! "Approval type:" must be selected prior to continuing with the rest of the form**

Explanation of approval types: New Supplier: Adding a new production supplier. See section 3 for supplier types  
Info Update: Formal documentation or update to current supplier information. If purchasing address changes the supplier must go through the "Reapproval" process instead  
Reapproval: Supplier reapproval due to: inactive date, conditional approval, move, etc.  
Non-production: Adding a supplier that will not provide production parts or services

**All highlighted fields are mandatory**      The "approval type" changes what is mandatory

**Crane Site:** This is the Crane site where the suppliers product will be sent

**Payment Terms:** Enter payment terms as shown in the example. If no discount rate is given leave the first 2 fields blank and enter the Days in the third field to the right of "Net:"

The table below shows the terms that are automatically approved. Any terms above 90 days or 2% are also automatically approved. Terms that are "Rejected" must be approved by the Crane site

Quoted Terms Days	Quoted Terms - Discount %								
	0.00%	0.25%	0.50%	0.75%	1.00%	1.25%	1.50%	1.75%	2.00%
90	Approved	Approved	Approved	Approved	Approved	Approved	Approved	Approved	Approved
75	Approved	Approved	Approved	Approved	Approved	Approved	Approved	Approved	Approved
60	Approved	Approved	Approved	Approved	Approved	Approved	Approved	Approved	Approved
50	Approved	Approved	Approved	Approved	Approved	Approved	Approved	Approved	Approved
45	Rejected	Approved	Approved	Approved	Approved	Approved	Approved	Approved	Approved
40	Rejected	Rejected	Approved	Approved	Approved	Approved	Approved	Approved	Approved
35	Rejected	Rejected	Approved	Approved	Approved	Approved	Approved	Approved	Approved
30	Rejected	Rejected	Approved	Approved	Approved	Approved	Approved	Approved	Approved
25	Rejected	Rejected	Rejected	Approved	Approved	Approved	Approved	Approved	Approved
20	Rejected	Rejected	Rejected	Approved	Approved	Approved	Approved	Approved	Approved
15	Rejected	Rejected	Rejected	Approved	Approved	Approved	Approved	Approved	Approved
10	Rejected	Rejected	Rejected	Rejected	Approved	Approved	Approved	Approved	Approved

**Small Bu**      G70-21 down.

**Quality Information:** Please provide copies of the certifications listed

**SUPPLIER APPROVAL  
/REAPPROVAL FORM**



**SECTION 2 - TO BE COMPLETED BY CRANE SUPPLY CHAIN**

**Approval type:** New Supplier **Supplier:** 0

Initial part number being ordered: [Redacted]

Purchasing comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Projected Spend: [Redacted]

**SUPPLIER APPROVAL  
/REAPPROVAL FORM**



**SECTION 3 - TO BE COMPLETED BY SUPPLIER QUALITY ENGINEERING**

**Reason for request:** New Supplier **Supplier:** 0

**Assign Supplier type** - choose one or more of these. In Oracle enter the type with the most stringent requirements.

- |  |   |  |  |
|--|---|--|--|
| 1. <input type="checkbox"/> Distributor        | 2. <input type="checkbox"/> Manufacturer      | 3. <input type="checkbox"/> Broker           | 4. <input type="checkbox"/> Fabricator       |
| 5. <input type="checkbox"/> Casting Fabricator | 6. <input type="checkbox"/> Processor         | 7. <input type="checkbox"/> Services Special | 8. <input type="checkbox"/> Sub-Contract Mfg |
| 9. <input type="checkbox"/> Software Level 1   | 10. <input type="checkbox"/> Software Level 2 | 11. <input type="checkbox"/> Repair Station  | 12. <input type="checkbox"/> Calibration     |

**Approval requirements:**

Select supplier type(s)

**Approved Categories:** (select from list in Oracle)

\_\_\_\_\_ 6 \_\_\_\_\_

**Supplier Approval data**

PPM: - 3rd party registrations: \_\_\_\_\_

OTD: 0% Spend: \$ \_\_\_\_\_

**Approval Methods: Choose 1 or more as applicable.**

- |  |                      |
|--|----------------------|
| <input type="checkbox"/> Review Supplier 3rd party registrations | Score/Results: _____ |
| <input type="checkbox"/> Supplier Business Risk Assessment       | Score/Results: _____ |
| <input type="checkbox"/> QA005A Supplier self assessment         | Score/Results: _____ |
| <input type="checkbox"/> QA005A on-site audit                    | Score/Results: _____ |
| <input type="checkbox"/> Other Audit: _____                      | Score/Results: _____ |
| <input type="checkbox"/> SCAR Issued #: _____                    |                      |
| <input type="checkbox"/> QIP issued                              |                      |

**Notes:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Approval Results:**

- |  |
|--|
| <input type="checkbox"/> Approved - inactive date: _____                               |
| <input type="checkbox"/> Conditional Approval - Conditional Effectivity expires: _____ |
| <input type="checkbox"/> Rejected - justify in notes                                   |



Crane Co.  
Vendor Master File - Set Up / Change Form  
Required for all Vendor Master Files and all payment types

Business Unit: \_\_\_\_\_ Date: \_\_\_\_\_  
Contact: \_\_\_\_\_ Location Code: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Payee Information**

Choose one:  New vendor file  Update to existing vendor file

1. Payee Name: \_\_\_\_\_ 0

2. Payees Address: \_\_\_\_\_ 0 \_\_\_\_\_ 0 \_\_\_\_\_ 0

3. Payee's Bank: \_\_\_\_\_

4. International Payees:

SWIFT International Payment Ir \_\_\_\_\_

Account number: \_\_\_\_\_

Routing/Transit(ABA) \_\_\_\_\_

5. US Payees:

ABA: \_\_\_\_\_

Account number: \_\_\_\_\_

Payment  Wire  Check  Other: \_\_\_\_\_

6. Currency Type: USD

**Business Unit Authorizations (signatures):**

\_\_\_\_\_  
Preparer

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Business Unit President or VP Finance

\_\_\_\_\_  
Business Unit Controller

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

**For Treasury Use Only**

BNY Mellon Template ID # : \_\_\_\_\_

**Appendix B**

**Crane Co.  
Vendor Master File - Due Diligence Checklist**  
Required for all Vendor Master Files and all payment types

Vendor Name: 0

Due Diligence Checklist		Initials	
		Preparer	Approver
<p><b>1. Obtained <u>both</u> written and verbal confirmation of the legitimacy of payee information from a known source or</b></p>			
<p>Written confirmation obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>You must attach supporting documentation evidencing confirmation of such approval</i></p>		_____	_____
<p>Verbal confirmation obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		_____	_____
<p>Verbal confirmation obtained from:</p> <p>Name: _____ (required)</p> <p>Title: _____ (required)</p> <p>Phone Number: _____ (required)</p>			
<p><b>2. Payment bank is located in the same jurisdiction as the vendor.</b></p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If No, please attached detailed explanation, together with supporting documentation from a reliable source at the vendor as</i></p>			
<p><b>Business Unit Authorizations (signatures):</b></p>			
<p>Preparer</p> <p style="text-align: center;">0</p>			
<p>Print Name</p>			
<p>Business Unit President or VP Finance</p> <p style="text-align: center;">0</p>		<p>Business Unit Controller</p> <p style="text-align: center;">0</p>	
<p>Print Name</p>		<p>Print Name</p>	