

SUPPLIER APPROVAL /REAPPROVAL FORM



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

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

Supplier: [Redacted] Supplier # [Redacted]

A Subsidiary or Division of: [Redacted] Cage Code: [Redacted]

Purchasing Address: [Redacted]

City: [Redacted] State: [Redacted] Zip: [Redacted]

Email: [Redacted] Country: [Redacted]

Phone: [Redacted] Fax: [Redacted]

Use Purchasing Address for Payment Address? [Redacted]

Purchasing Contact: [Redacted] Phone number: [Redacted]

Email: [Redacted]

Quality Contact: [Redacted] Phone number: [Redacted]

Email: [Redacted]

Payment Terms: [Redacted] Net: [Redacted] Terms approved: [Redacted]
Example: 2.00% 10 Net: 30

Invoice Match Option: [Redacted] Ship Via: [Redacted]

Crane Ship to Location: [Redacted] FOB: [Redacted]

Crane Bill to Location: [Redacted] Freight: [Redacted]

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

Small Business: [Redacted]

Women-Owned: [Redacted]

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

Service disabled: [Redacted]

Historically Black Colleges & Universities & Minority Institutions: [Redacted]

Small disadvantaged business: [Redacted]

HUB Zone Certified: [Redacted]

QUALITY INFORMATION (provide copies of certs):

Does a supplier have a QA manual: [Redacted]

Certification: [Redacted] Expires: [Redacted]

Certification: [Redacted] Expires: [Redacted]

Certification: [Redacted] Expires: [Redacted]

Metrics to your current customers:

PPM: [Redacted] Time period: [Redacted]

OTD: [Redacted] Time period: [Redacted]

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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 of 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 60 days or 2.7% are also automatically approved. Terms that are "Rejected" must be approved by the Crane site Controller

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	Rejected	Approved							
45	Rejected	Approved							
40	Rejected	Rejected	Approved						
35	Rejected	Rejected	Approved						
30	Rejected	Rejected	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 Business Status: If you answer "yes" to any of the statuses listed you must fill out an return form AG70-21 for Crane to recognize your status . To access the form download from the link shown.

Quality Information: Please provide copies of the certifications listed

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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]

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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. Distributor 2. Manufacturer 3. Broker 4. Fabricator
- 5. Casting Fabricator 6. Processor 7. Services Special 8. Sub-Contract Mfg
- 9. Software Level 1 10. Software Level 2 11. Repair Station 12. 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.

- Review Supplier 3rd party registrations
- Supplier Business Risk Assessment Score/Results: _____
- QA005A Supplier self assessment Score/Results: _____
- QA005A on-site audit Score/Results: _____
- Other Audit: _____ Score/Results: _____
- SCAR Issued #: _____
- QIP issued

Notes: _____

Approval Results:

- Approved - inactive date: _____
- Conditional Approval - Conditional Effectivity expires: _____

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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: Hydro-Aire, Inc. Date: 8/25/2022
Contact: _____ Location Code: 2800
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 0
3. Payee's Bank: _____
4. International Payees:
SWIFT International Payment Instructions: _____
Account number: _____
Routing/Transit(ABA) Number _____
5. US Payees:
ABA: _____
Account number: _____
Payment Type: Wire Check Other: _____
6. Currency Type: USD

Business Unit Authorizations (signatures):

Preparer _____

Print Name _____

Business Unit President or VP Finance _____

Business Unit Controller _____

Todd Witchall _____

Mark Haigh _____

Print Name

Print Name

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

1. Obtained both written and verbal confirmation of the legitimacy of payee information from a known source or reliable contact at the vendor before processing new vendor set up or changes to existing vendor information.

Written confirmation obtained? Yes No

You must attach supporting documentation evidencing confirmation of such approval

Verbal confirmation obtained? Yes No

If name of vendor changed, you must obtain both written and verbal confirmation of the legitimacy of such change from a known source that supervises the regular contact at the vendor before processing the change

Verbal confirmation obtained from:

Name: _____ (required)

Title: _____ (required)

Phone Number: _____ (required)

2. Payment bank is located in the same jurisdiction as the vendor.

Yes No

If No, please attached detailed explanation, together with supporting documentation from a reliable source at the vendor as to why bank location differs from the vendor (include support for how you determined the source from the vendor was reliable)

3. The vendor and the bank are entered into the Restricted Party Screening tool.

Yes No

Business Unit Authorizations (signatures):

Preparer _____

0

Print Name _____

Business Unit President or VP Finance _____

Business Unit Controller _____

Todd Witchall _____

Mark Haigh _____

Print Name

Print Name