

ISSUED BY: * required field

* required field – tick the box

CREATION SUPPLIER

DATE OF REQUEST: * required field

CREATION SUPPLIER DELIVERER

N° SUPPLIER:

MODIFICATION SUPPLIER

SUSPENSION SUPPLIER – Status 30

REACTIVATION SUPPLIER – Status 20

PROVISIONAL PURCHASING TURNOVER:
if < €2,500, state below the reasons for using this supplier: * required field

Insurance certificate of civil liability: to close for every creation of supplier
Comply with tax and social law requirements

* required field
 * required field

OTHER Concerns social area: give full name of supplier

TYPE * required field, complete with a cross

XX Holding
XX Factor

COMPANY NAME * required field
COUNTRY * required field

TELEPHONE No. * required field
FAX No. * required field

E-mail address

VAT identification number * required field

LANGUAGE * required field

ADDRESS: 01 (Order address)

ADDRESS 1: * required field
ADDRESS 2:
ADDRESS 3:
ADDRESS 4:
COUNTRY: * required field

ADDRESS: 10 (Payment address) if different to address 1

ADDRESS 1: * required field
ADDRESS 2:
ADDRESS 3:
ADDRESS 4:
COUNTRY:
ACCOUNT TELEPHONE No: * required field
FAX No: * required field
E-MAIL: * required field
Type of VAT (Receipts / Debits) * required field
Currency * required field

PURCHASING

(Contact)
NAME AND FUNCTION:
TELEPHONE No:
FAX No:
E-Mail:

Supplier GROUP

* required field, complete with a cross

102	Steel	<input type="checkbox"/>
103	Plastic	<input type="checkbox"/>
200	Tools	<input type="checkbox"/>
302	Chemicals/oils	<input type="checkbox"/>
303	Energy	<input type="checkbox"/>
304	Packaging	<input type="checkbox"/>
305	MRO/Maintenance	<input type="checkbox"/>
306	Health/Safety/Environment	<input type="checkbox"/>
307	Office equipment	<input type="checkbox"/>
402	Fees	<input type="checkbox"/>
404	Temporary work	<input type="checkbox"/>

405	Rentals	<input type="checkbox"/>
408	Transport	<input type="checkbox"/>
488	Training	<input type="checkbox"/>
501	Heat treatment	<input type="checkbox"/>
502	Surface treatment	<input type="checkbox"/>
503	Machining / reworking	<input type="checkbox"/>
504	Sorting	<input type="checkbox"/>
600	Investments	<input type="checkbox"/>
700	Components	<input type="checkbox"/>
800	General operating expenses (insurance, hotel...)	<input type="checkbox"/>
990	Lisi Group	<input type="checkbox"/>

DELIVERY CONDITIONS

* required field, complete with a cross

EXW	Ex works	<input type="checkbox"/>
FCA	Free carrier	<input type="checkbox"/>
FAS	Free alongside ship	<input type="checkbox"/>
FOB	Free on board	<input type="checkbox"/>
CFR	Cost and freight	<input type="checkbox"/>
CIF	Cost, insurance and freight	<input type="checkbox"/>
CPT	Carriage paid to	<input type="checkbox"/>
CIP	Carriage and insurance paid to	<input type="checkbox"/>
DAF	Delivered at frontier	<input type="checkbox"/>
DES	Delivered ex ship	<input type="checkbox"/>
DEQ	Delivered ex quay	<input type="checkbox"/>
DDU	Delivered duty unpaid	<input type="checkbox"/>
DDP	Delivered duty paid	<input type="checkbox"/>

DELIVERY METHOD

By plane	<input type="checkbox"/>
By boat	<input type="checkbox"/>
By train	<input type="checkbox"/>
By road	<input type="checkbox"/>
By mail	<input type="checkbox"/>

TERMS OF PAYMENT

* required field, complete with a cross

001	Cash	<input type="checkbox"/>
002	30 days, end of month	<input type="checkbox"/>
003	30 days from end of month on the 15th	<input type="checkbox"/>
004	45 days, end of month	<input type="checkbox"/>
005	60 days, end of month	<input type="checkbox"/>
006	60 days from end of month on the 15th	<input type="checkbox"/>
007	90 days, end of month	<input type="checkbox"/>
008	90 days from end of month on the 15th	<input type="checkbox"/>
009	30 days netto	<input type="checkbox"/>

If payment < 45 days end month (French suppliers)
or net payment (foreign suppliers)



Reasons:

Method of payment (transfer, foreign transfer, promissory note)

.....

Thanks to join the original of the identification document of your bank

BANK NAME
City where bank located
BANK COUNTRY

.....

* required field
* required field

IBAN ACCOUNT No.
BIC/ SWIFT

.....

* required field
* required field

Bank code
Branch code
Account number + RIB key

.....

* required field
* required field

Signature Purchasing Department

Signature Supplier Accounting