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| ***Supplier Classification***  (Completed by *Supply Chain*) | | | | | | | | | | | | | | |
| ***Production Supplier*** | | | | | | | | | | | | | | |
| **Exception**  ***(Section 1,2 &4)***   * Justification required (add to comments) | | **Standard Goods**  **(*Section 1-5*)**   * No Self-assessment   (Class C Supplier) | | | | **Custom Goods**  ***(Section 1-5)***  (Class A Supplier) | | | | **Services**  ***(Section 1-5)***   * HSE documents (if onsite) * No SQ Manual * No Self-assessment * No Transportation guide   (Class A Supplier) | | | | **Equipment & Labour**  ***(Section 1-5)***   * HSE documents (if onsite)   (Class A Supplier) |
| ***Non-Production Supplier*** | | | | | | | | | | | | | | |
| **Goods**  ***(Section 1,2 &4)***   * Plus proof of existence * Terms & Conditions as required | | | | | **Professional Services (onsite) *(Section 1-5)***   * HSE documents (if onsite) * No SQ Manual * No Self-assessment * No Transportation guide | | | | | | | | **Professional Services (offsite) *(Section 1-4)***   * No SQ Manual * No Self-assessment * No Transportation guide | |
|  | | | | | | | | | | | | | | |
| **New Supplier** | | | | | **Change of Information** | | | | | | | | **Change in Commercial**  **Terms only**  **(Complete Section 6 only)** | |
|  | | | | | | | | | | | | | | |
| ***Section 1 - Supplier Information*** | | | | | | | | | | | | | | |
| **Company Name:** | | |  | | | | | | | | | | | |
| **What products/services does the company offer?** | | | | | | | |  | | | | | | |
| **Company Address** | | | | | | | | **Remit to Address** | | | | | | |
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|  | | | | | | | |  | | | | | | |
| **Supplier Website:** | | | |  | | | | | | | | | | |
| **Phone Number:** | | | |  | | | | | | | | | | |
| **Fax Number:** | | | |  | | | | **Number of Employees:** | | | | | | |
| **Is the company a past or present supplier to any other ATS Division or affiliate to ATS worldwide?** | | | | | | | | | | | **Yes  No** | | | |
| **If Yes, which location?** | | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | |
| ***Section 2 - Contact Information*** | | | | | | | | | | | | | | |
| **Contact Type** | **Contact Name** | | | | | | **Title** | | **Contact Details** | | | | | |
| Principal |  | | | | | |  | | Phone | | |  | | |
| Cellular | | |  | | |
| Email | | |  | | |
| Customer Service |  | | | | | |  | | Phone | | |  | | |
| Cellular | | |  | | |
| Email | | |  | | |
| Outside Sales |  | | | | | |  | | Phone | | |  | | |
| Cellular | | |  | | |
| Email | | |  | | |
| Engineering |  | | | | | |  | | Phone | | |  | | |
| Cellular | | |  | | |
| Email | | |  | | |
| Quality |  | | | | | |  | | Phone | | |  | | |
| Cellular | | |  | | |
| Email | | |  | | |
| Accounts Receivable |  | | | | | |  | | Phone | | |  | | |
| Cellular | | |  | | |
| Email | | |  | | |
| Emergency / After Hours |  | | | | | |  | | Phone | | |  | | |
| Cellular | | |  | | |

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| ***For ATS use only.***  ***Mandatory***  **🡫** | | ***Section 3 - Quality Assurance Information*** | | | | | | |
| Is a documented Quality Assurance Program in place  (ISO 9001, ISO 13485, AS9100, TS16949 etc.) | | | | | **Yes  No** | |
| If yes, to which quality management system standard(s): | | | |  | | |
| Has the system been audited & accepted by a customer or registrar (specify): | | | | |  | |
| If registrar, please include a copy of the certificate(s),  If no, please specify if there is a planned audit date: | | | | | **Attached** | |
| **Date:** | |
| Required?  **Yes**  **No** | | Have you received, reviewed and are in agreement with the ATS’s Global Supplier Quality Manual? If No, explain. [**Link to View the ATS SQ Manual**](https://atsautomation.com/supplier-quality-management/global-supplier-quality-manual/) | | | | | **Yes  No** | |
| Required?  **Yes**  **No** | | **Class A Suppliers Only:** Have you completed and submitted the ATS New Supplier Self-Assessment? If no, explain. [**New Supplier Self-Assessment Template**](https://atsautomation.com/wp-content/uploads/sites/9/2020/06/C7412P2FNew-Supplier-Self-Assessment.xlsx) | | | | | **Yes  No** | |
| Required?  **Yes**  **No** | | Have you reviewed and agreed to the ATS Guidelines for Packaging and Transport of Materials?[**Transportation Guidelines**](https://atsautomation.com/wp-content/uploads/sites/9/2021/03/2_14_4_004-ATS-Guidelines-for-Packaging-and-Transportation-of-Material.pdf) | | | | | **Yes  No** | |
|  |  | | | | | | | | |
| ***Section 4 - Banking Information*** | | | | | | | | |
| **Bank Verification: In addition to filling out this Section, you must provide confirmation of your bank account and routing number with one of the two options:**   1. **Provide a confirmation of account details on bank letterhead, which includes a contact name, phone number, stamp and/or signature from your financial institution**   **OR**   1. **Provide a copy of a voided check with your company’s bank account and routing information** | | | | | | | | |
| Email Address for Remittance Advices: | | | | Beneficiary Name associated with account: | | | |
| **Beneficiary Full Street Address: (no PO boxes)** | | | | **Bank Name / Address:** | | | |
|  | | | |  | | | |
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| **For EFT Wire Payments within Canada** | | | | **For ACH Payments to the United States** | | | |
| Routing Transit #: | | | | Routing transit # / ABA #: | | | |
| Bank institution #: | | | | Account #: | | | |
| Account #: | | | | **Wire Payments outside of Canada or the United States** | | | |
| Swift Code: | | | | Swift/BIC: | | | |
| Intermediary bank SWIFT (if applicable): | | | | Account Number/IBAN: | | | |
| Intermediary Bank Swift (If applicable): | | | |
| HST Number (Canadian Suppliers): | | | TAX ID (American Suppliers): | | VAT Number (If Applicable): | | | |
| \*\* Note: If you are *unable* to receive electronic payments, please select “Yes” to receive payment by cheque  **Yes** | | | | | | | | |

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| ***Section 5 - General Information*** | | | | | | | | | |
| How long has the company been: | In business? | |  | | Under present name? | | | |  |
| At the current location: | |  | | Previous Name: | | | |  |
| Does your company have Insurance?  (*Evidence of insurance to be provided upon request)*  Including: | | | | **Yes  No** | | | **Coverage Amount?** | | |
| Total Liability (total sum of all occurrences General & Additional coverage) *Coverage = Conditions of Purchase* | | | | **Yes  No** | | |  | | |
| Workers Compensation | | | | **Yes  No** | | |  | | |
| Auto (owned/non-owned/rental) | | | | **Yes  No** | | |  | | |
| Is the company a US Registered Minority Supplier? | | **Yes  No** | | | | Registration # | |  | |
| Is the facility unionized? | | **Yes  No** | | | |  | | | |

Supplier acknowledges and agrees that all subsequent purchase orders issued by ATS shall be subject to the ATS Conditions of Purchase or the ATS Purchase Order Terms and Conditions for Technical Services, as applicable, which is attached as part of this supplier information package. The purchase order and the ATS Conditions of Purchase or the ATS Purchase Order Terms and Conditions for Technical Services, as applicable, is an offer to purchase goods and/or services from Supplier on such terms that form a binding agreement and shall be deemed accepted upon acknowledgment of receipt of the purchase order or the commencement of performance by the Supplier. As an offer, the purchase order expressly limits acceptance to its terms and conditions, and notification of objection to any different or additional terms in any response to the offer by Supplier is hereby given.

The personal and/or confidential data provided by the Supplier will be used solely for the purpose of managing purchase orders and will be protected in accordance with all applicable data protection laws.

Supplier represents, warrants, and covenants that it shall at all times comply with the ATS Supplier Code of Ethics.

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| **Completed By (Print):** | |  | | | | | | | | | | | | | |
| **Title:** | |  | | | | | | | | | | | | | |
| **Signature:** | |  | | | | | | | **Date Completed:** | | |  | | | |
| |  | | --- | | **SUPPLIER INFORMATION:** |  |  |  | | --- | --- | | 1. [**Supplier Quality Management Information**](https://atsautomation.com/supplier-quality-management/) 2. [**Supplier Resource Library**](https://atsautomation.com/supplier-quality-management/supplier-resource-library/) 3. [**Supplier Deviation & Waiver Requirements**](https://atsautomation.com/supplier-quality-management/supplier-deviation-waiver-process/) 4. [**Supplier Scoring Requirements**](https://atsautomation.com/supplier-quality-management/) | 1. [**Supplier Code of Ethics**](https://atsautomation.com/supplier-quality-management/supplier-code-of-ethics/) 2. **[ATS Conditions of Purchase](https://atsautomation.com/supplier-quality-management/existing-supplier-documentation/)** 3. **[ATS Purchase Order Terms and Conditions for Technical Services](https://atsautomation.com/supplier-quality-management/existing-supplier-documentation/)** | | | | | | | | | | | | | | | | |
| ***Section 6 - For ATS use only:*** | | | | | | | | | | | | | | | |
| Scope of Approval/Restrictions: | | | | | | | | | | | | | | | |
| Risks Identified: | No | | Yes |  | | *If Yes Define:* | | | |  | | | | | |
| Class A Risk Score: |  | | | | | | | | | | | | | | |
| Currency: |  | |  |  | |  | |  | |  |  | | | | |
| Payment terms: |  | |  |  | |  | |  | |  |  | | | | |
| Inco term: |  | |  |  | |  | |  | |  |  | | | | |
| Ship via: |  | |  |  | |  | |  | |  |  | | | | |
| Proof of existence: | Yes | |  |  | |  | | No | |  |  | | | | |
| Address book number/type (if applicable): | | | | | | | | | | | | | | | |
| Reason for Add/Change? | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Screening completed by Corporate Quality (attached confirmation letter from  Corporate before uploading to the BQMS Global Portal)  [Global Supplier Approval Portal](https://portal/cbqm/Lists/Request%20to%20Add%20a%20New%20Supplier/AllItems.aspx) | | | | | | | | | | | | | **Accept or Reject** | | |
| **A  R** | | |
| ***Supply Chain Representative*** | | | | | | | | | | | | | | | |
| **Name (Print)** | **Signature** | | | | | | **Title** | | | | **Date** | | | | **Accept or Reject** |
|  |  | | | | | |  | | | |  | | | | **A  R** |
| **Comments or Reason for Rejection:** | | | | | | | | | | | | | | | |
| ***Quality Representative or Delegate*** | | | | | | | | | | | | | | | |
| **Name (Print)** | **Signature** | | | | | | **Title** | | | | **Date** | | | | **Accept or Reject** |
|  |  | | | | | |  | | | |  | | | | **A  R** |
| ***Signature not required for non-production supplier*** | | | | | | | | | | | | | | | |
| **Comments or Reason for Rejection:** | | | | | | | | | | | | | | | |
| ***HSE Representative of Delegate Authorizing Service Supplier (as required)*** | | | | | | | | | | | | | | | |
| **Name (Print)** | **Signature** | | | | | | **Title** | | | | **Date** | | | | **Accept or Reject** |
|  |  | | | | | |  | | | |  | | | | **A  R** |
|  | | | | | | | | | | | | | | | |
| **Comments or Reason for Rejection:** | | | | | | | | | | | | | | | |
| ***Divisional Departmental Representative Authorizing Service Supplier (as required)*** | | | | | | | | | | | | | | | |
| **Name (Print)** | **Signature** | | | | **Title** | | | | | | **Date** | | | **Accept or Reject** | |
|  |  | | | |  | | | | | |  | | | **A  R** | |
|  | | | | | | | | | | | | | | | |
| **Comments or Reason for Rejection:** | | | | | | | | | | | | | | | |