



NEW SUPPLIER SURVEY

Identify any expansion plans or projects that will alter your capacity or capabilities:
Short Term (0-2 years)
Long Term (2-5 years)
List major material suppliers:

Market & Product Sales

<u>Major Markets</u>	<u>% of Sales</u>
1.	
2.	
3.	
<u>Major Customers</u>	<u>% of Sales</u>
1.	
2.	
3.	

Describe any competitive advantages that differentiates your company in the market place:

Annual Sales (US Dollars):			
Current Year Projection	Last Year	Two Years Prior	Three Years Prior
\$	\$	\$	\$

Quality & Safety

Safety and Environmental Compliance
To the best of your knowledge does your company comply with all applicable federal, state (provincial) and local laws, and rules and regulations of any governmental authority? Yes___ No___
If No, please explain:
Is your company currently involved or facing legal or other actions regarding safety or environmental regulations? Yes___ No___
If Yes, please explain:
Performance Measurements
On Time Delivery: _____ %
Quality Defects (PPM): _____
Lead Time Average: _____ Weeks
Have you received any major customers Quality Recognitions? Yes___ No___
If yes, please describe:



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Describe your Quality Management System:
Do you utilize Advanced Quality Planning and PPAP? Yes ___ No ___
Is your company ISO or TS certified? Yes ___ No ___
If yes, to what standard? _____
If no, when do you expect your company to be certified? _____
Does your certification cover all manufacturing locations? Yes ___ No ___
What is the amount of your product liability insurance? \$ _____

Contacts

KEY EXECUTIVES:		
Name	Title	E-Mail
Phone	Cell	Length of service
Name	Title	E-Mail
Phone	Cell	Length of service
Name	Title	E-Mail
Phone	Cell	Length of service
ACCOUNT REPRESENTATIVE:		
Name	Title	E-Mail
Phone	Cell	Length of service
SALES MANAGER:		
Name	Title	E-Mail
Phone	Cell	Length of service
PRODUCT ENGINEER:		
Name	Title	E-Mail
Phone	Cell	Length of service
QUALITY MANAGER:		
Name	Title	E-mail
Phone	Cell	Length of service



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Supplier References

Please list customer references that we may contact with respect to supplier relationships:		
Name & Title:		
Company:	Phone:	E-mail:
Name & Title:		
Company:	Phone:	E-mail:
Name & Title:		
Company:	Phone:	E-mail:

Business Class: Section 211 of Public Law 95-507 (check appropriately)

Does your company qualify for any minority business programs? Check each that applies below:
<input type="checkbox"/> Small Business <input type="checkbox"/> Women Business Enterprise (Women Owned) <input type="checkbox"/> Black American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Native American <input type="checkbox"/> Asian Indian American <input type="checkbox"/> Asian Pacific American <input type="checkbox"/> Hubzone Small Business <input type="checkbox"/> Veteran-Owned Small Business <input type="checkbox"/> Service-Disabled Veteran-Owned Small Business <input type="checkbox"/> Others (Aleuts, Eskimos, Etc.)

Additional Comments:

The information contained herein is true and correct.

Supplier Authorized Name: (Print) _____ Signature: _____
 Date: _____ Title: _____ E-mail: _____
 Phone: _____ Cell: _____