



SUPPLIER QUESTIONNAIRE

In order to better understand your business, and as a first step in establishing and maintaining a good business relationship with you, we request that you please provide us with the following information. Thank You.

GENERAL INFORMATION:

Company Name:

Primary Address:

City, State, Zip Code:

Web Site:

Division or Subsidiary of (if applicable):

Primary Contact Name & Title:

E-mail Address:

Telephone:

Fax:

PLEASE PROVIDE THE FOLLOWING DOCUMENTS:

1. Company brochure, if available
2. Company organizational chart
3. Registration certificate(s) for any company certifications (i.e., ISO, FDA, etc.)
4. Quality Manual
5. Manufacturing process flowchart for product(s) of interest
6. Equipment list(s)
7. Manufacturing process router(s) for product(s) of interest.
8. Disaster recovery plan

BUSINESS INFORMATION:

Business Structure: Sole Proprietorship Partnership Corporation

Current owner:

Other owner(s) over the past 5 years (if applicable):

When was your company established?

Sales last year (U.S. Dollars):

Sales over last two years (U.S. Dollars):

Projected sales increase over last year (%):

Please describe your usual payment terms:

Are you willing to provide us with a financial statement? Yes No

Are you willing to provide us with a "no change without notification" agreement? Yes No

SBA Certified Classification:

Percent of volume allocated to military contracts:

Percent of volume allocated to automotive:

At what percentage of your capacity are you currently operating?

Please list your top five customers and their percentage of your business:

% of Business

- | | | % of Business |
|----|-------|---------------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |
| 5. | _____ | _____ |

Please list your top five suppliers and how long they have supplied you:

Years:

- | | | Years: |
|----|-------|--------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |
| 5. | _____ | _____ |

PERSONNEL INFORMATION:

Number of Employees:

Percentage of work force composed of contract employees:

Percentage of work force composed of temporary employees:

Number of employees in Sales / Marketing:

Number of employees in Purchasing:

Number of employees in Engineering:

Number of employees in Quality:

Number of Shifts:

1

2

3

FACILITIES INFORMATION:

Please list the following information for your five largest facilities:

Location	Owned	Leased	Age	Square Footage
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Do your plants operate in accordance with EPA and OSHA standards?

Yes

No

Do you have any expansion plans?

Yes

No

PRODUCT INFORMATION:

Please list your top five product lines and their percentage of your business:

% of Business

1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

SERVICE INFORMATION:

Do you have capabilities to print custom barcode shipping labels?

Yes

No

Do you have Electronic Fund Transfer Capabilities?

Yes

No

Do you have in-house tooling capabilities?

Yes

No

