

GENERAL INFO	ORMA	ATION: (Initiator to c	omplete	mailing info an	nd forward	to Supplier)
Company Name:	_			D & B #:		
Mailing Address:	_					
Remittance Addre	ess:					
Shipping Address	: _					
T.11	_					
Telephone #: ()			mile #: ()		
E-mail Address:			W	eb Page		
Proprietorship		Subsidiary		Public		
Partnership		Affiliate		Private		
Corporation		Division		Years in bus	siness	
Parent Company ([If App	blicable):				
Has your company	y done	business with us in the	e past?	Yes 🗖	No	
If yes, when?		Wha	at did you	u supply?		
ISO / QS9000 ST	ATUS	5:				
Activities/Plans:						
Certification Date	:					
Registrar:						
	**PL	LEASE FORWARD C	COPY O	F CERTIFICA	ΓΙΟΝ	
TYPE OF BUSIN	NESS					
Manufacturing		Raw Materials		Assembly		
Service		Distributor		-		



FACILITIES:

Plant Size:	Equipment Condition:			
Plant Capacity:	Average Age of Equipment:			
Total Number of Employees:	Number of Production Shifts:			
Please indicate the number of employees	in each of the following departments:			
Production:	Engineering:			
Customer Service:	R & D:			
Administration:	Sales and Marketing:			
QA/QS:	Human Resources:			
Please list all facilities by location and nu	mber of buildings at each site:			
List any union affiliation(s):				
Date of expiration of current contract(s):				
LIST OF KEY CONTACT PERSONN	EL:			
NAM	IE TELEPHONE – EXT.			
Quality:				
Production Control:				
General Manager:				
Customer Service:				
Engineering:				



Sales Representative N	ame:							
Telephone #: ()				Facs	imile #:	. ()	
PAYMENT AND DEI	LIVERY	TERMS	:					
Normal Payment Terms	s:							
Normal F.O.B. Point:								
EDI Interface:	Yes		Ν	0				
E-Mail Capability:	Yes		N	0				
FINANCIAL INFORM	MATIO	N:						
Taxpayer identification	number	:						
Annual sales revenues	for the la	ist three ye	ears:					
		Year			Sale	es Reve	enue	
								_
								_
								_
Do you currently track	cost of q	uality?	Yes			No		
Are your records availa	ble for a	udit?	Yes			No		
Please list three major	custome	r reference	es					
Name		Т	elephon	e		Inc	dustry	% of Sales
1.								
2.								
3.								



List one c	redit reference w	e may contact:	
1.	Name	Address	Telephone
ENGINE	ERING CAPAB	BILITIES:	
List engine	eering services y	our company provides:	
Does your	company have i	n-house testing capabilities? Yes	No 🗖
Level of C	Certification, A2I	_A, etc	
If you ans	wered no to the a	above question, who do you use on the outside	de for testing?
QUALITY	Y MANAGEMI	ENT:	
Are you a	certified supplie	r for any other customer(s)? Yes	No 🗖
If you hav	e answered yes t	o the above question, who?	
List what	type of continuo	us improvement activities you have committ	ted to:
List what	type of inspectio	n system your company uses (i.e. receiving,	inprocess, etc.)?

PRE-QUALIFICATION SURVEY/SUPPLIER PROFILE

Do you routinely provide certifications with your shipment of products?	Yes	No	
Do you have a written quality manual?		No	
Do you use a formal supplier certification process in your procurement activities? Do you routinely track customer service levels for:	Yes	No	
On time delivery?	Yes	No	
Quality?	Yes	No	
Count Accuracy?	Yes	No	
What type of material control system do you have?			

PROCESS CONTROL:

NEW STANDARD CORPORATION

Record the elements that apply to the process system used by your company:

Calibration	Yes	No	
Statistical Process Control	Yes	No	
Process Routing	Yes	No	
Routing ID by Customer Number	Yes	No	
Tooling Controlled	Yes	No	
Special Handling	Yes	No	
In-Process Revision Systems	Yes	No	
Time Standards Used	Yes	No	
Tracking Past Shipments for Configuration Control	Yes	No	

ATTACHMENTS:

Please attach any documents you feel will assist New Standard in evaluating your organization; for example:



Quality Policy and Manuals Company Brochures and Literature Facility Listings – Equipment and Process Financial Statements

THE INFORMATION CONTAINED HEREIN IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF:

Signature of Authorized Representative

Title

Print Name

Company Name

Return survey to:

New Standard Corporation Attention: Purchasing 74 Commerce Way York, PA 17406

FOR NEW STANDARD CORPORATION USE ONLY

Type of Supplier:Image: Non-Production Product or ServiceImage: Production Product or ServiceImage: Non-Production Product or Service
Submitted By: (Name, Title)
Reason New Supplier Is Required
Approval: Financial Review of Company:(attach to form) D D&B Report D Supplier Provided Data
Based on information furnished, Supplier is: Disapproved
Approved as: Certified Qualified Conditional Does not meet minimum requirements Customer Specified
If Conditional Approval:
NS Supplier Quality Assessment Survey Required Within 60 Days Yes No Site Audit Self-Audit Self-Audit
Approval Signature (requires one) Purchasing Mgr. Quality Manager