



GENERAL INFORMATION: (Initiator to complete mailing info and forward to Supplier)

Company Name: _____ D & B #: _____

Mailing Address: _____

Remittance Address: _____

Shipping Address: _____

Telephone #: () _____ Facsimile #: () _____

E-mail Address: _____ Web Page _____

Proprietorship	<input type="checkbox"/>	Subsidiary	<input type="checkbox"/>	Public	<input type="checkbox"/>
Partnership	<input type="checkbox"/>	Affiliate	<input type="checkbox"/>	Private	<input type="checkbox"/>
Corporation	<input type="checkbox"/>	Division	<input type="checkbox"/>	Years in business	_____

Parent Company (If Applicable): _____

Has your company done business with us in the past? Yes No

If yes, when? _____ What did you supply? _____

ISO / QS9000 STATUS:

Activities/Plans: _____

Certification Date: _____

Registrar: _____

****PLEASE FORWARD COPY OF CERTIFICATION**

TYPE OF BUSINESS

Manufacturing	<input type="checkbox"/>	Raw Materials	<input type="checkbox"/>	Assembly	<input type="checkbox"/>
Service	<input type="checkbox"/>	Distributor	<input type="checkbox"/>		



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 number of buildings at each site:

List any union affiliation(s): _____

Date of expiration of current contract(s): _____

LIST OF KEY CONTACT PERSONNEL:

	NAME	TELEPHONE – EXT.
Quality:	_____	_____
Production Control:	_____	_____
General Manager:	_____	_____
Customer Service:	_____	_____
Engineering:	_____	_____



Sales Representative Name: _____

Telephone #: () _____ Facsimile #: () _____

PAYMENT AND DELIVERY TERMS:

Normal Payment Terms: _____

Normal F.O.B. Point: _____

EDI Interface: Yes No

E-Mail Capability: Yes No

FINANCIAL INFORMATION:

Taxpayer identification number: _____

Annual sales revenues for the last three years:

Year	Sales Revenue
_____	_____
_____	_____
_____	_____

Do you currently track cost of quality? Yes No

Are your records available for audit? Yes No

Please list **three** major customer references

Name	Telephone	Industry	% of Sales
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____



List **one** credit reference we may contact:

Name	Address	Telephone
1.		

ENGINEERING CAPABILITIES:

List engineering services your company provides:

Does your company have in-house testing capabilities? Yes No

Level of Certification, A2LA, etc. _____

If you answered no to the above question, who do you use on the outside for testing?

QUALITY MANAGEMENT:

Are you a certified supplier for any other customer(s)? Yes No

If you have answered yes to the above question, who?

List what type of continuous improvement activities you have committed to:

List what type of inspection system your company uses (i.e. receiving, inprocess, etc.)?



Do you routinely provide certifications with your shipment of products? Yes No

Do you have a written quality manual? Yes No

Do you use a formal supplier certification process in your procurement activities? Yes No

Do you routinely track customer service levels for:

On time delivery? Yes No

Quality? Yes No

Count Accuracy? Yes No

What type of material control system do you have? _____

PROCESS CONTROL:

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:

