

Supplier Questionnaire



Company Address		Contact Data		
Company		Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Street		First name		
ZIP code, City, State		Last name		
Country		Function		
Fax No.		Phone No.		
Internet Address		E-Mail		

Company Data				
Are you a manufacturer, trader or service provider:	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Trader	<input type="checkbox"/> Service Provider	
Type of Business	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC
Year of Foundation				
Shareholder/Owner		D-U-N-S		
Subsidiaries				
	Company Sales (In Tsd. US\$)	Investments (In Tsd. US\$)	Group Sales (In Tsd. US\$)	
Year Before Last				
Previous Year				

Company Sales by Markets (in %)			
Domestic		Asia	
Europe		North & South America	

Employment				
Total number of Employees		Number of R&D employees		Number of Quality Mgmt. Employees
Number of shifts per day (1,2 or 3)		Work hours per week (per shift)		
How many days per week are you manufacturing				

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Contact People				
Function	Name	Direct Phone No.	E-Mail	Languages
Managing Director / CEO				
Sales Manager				
Head of Quality Management				
Contact Person for RFQ's				

Which Products Are You Applying For			
<input type="checkbox"/>	Fasteners	<input type="checkbox"/>	Raw Castings (GG20 and/or GGG40)
<input type="checkbox"/>	Seperately Driven Fan	<input type="checkbox"/>	Shrink Discs
<input type="checkbox"/>	Electric Motors	<input type="checkbox"/>	Packaging Material
<input type="checkbox"/>	Couplings	<input type="checkbox"/>	Aluminum Die Castings
<input type="checkbox"/>	Bevel Gearsets	<input type="checkbox"/>	Encoders
<input type="checkbox"/>	Welded Constructions	<input type="checkbox"/>	Electronic Components
<input type="checkbox"/>	Iron Sheet Constructions	<input type="checkbox"/>	Services:
<input type="checkbox"/>	Others:		

Production Facilities	
Where are your production facilities?	Which products do you manufacture there?

IT Equipment			Which System?
ERP-System (Enterprise Resource Planning)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
CAD-System (Computer Aided Design)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
EDI (Electronic Data Interface) approved with other customers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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Quality Management					
Certificate	Certified on	Planned for	Certificate	Certified on	Planned for
DIN EN ISO 9001			VDA 6.1		
DIN EN ISO 14001			QS 9004		
EMAS			TS 16949		
OHSAS 18001			Others:		
Please include a copy of each certificate					

Terms of Delivery				
Do you have a product liability insurance? Please include a copy and list the amount you are insured for!	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount Insured:	
Are you willing to hold a safety stock of (Raw) material?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Do you ensure that your products are RoHS (Restriction of Hazardous Substances) compliant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Relevant	
Do you ensure that your products comply with the REACH (Registration, Evaluation, Authorization and Restriction of Chemicals) regulation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Relevant	
Do you commit to act according to the "Dodd-Frank Wall Street Reform and Consumer Act"?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Are you able to send order confirmations within 48 hours after receipt of a Purchase Order?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Trade References		
Main Customers	Country	Turnover Share
Customers From the Automobile Industry?	Country	Turnover Share