

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			DIN EN ISO 9100		
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