

# SUPPLIER QUESTIONNAIRE



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### GENERAL DATA

Company Name: .....

Street: .....

Post Code and Location: .....

Country: .....

Phone-No.: .....

Fax-No.: .....

E-Mail: .....

Website: .....

Founding year: .....

Number of employees: Total: ..... Production: ..... Quality essential: .....

### Responsible contact person in your company:

Department	Contact person	Phone	E-Mail
Management	.....	.....	.....
Sale	.....	.....	.....
Quality Managem.	.....	.....	.....
Production	.....	.....	.....
Material/purchase	.....	.....	.....
Finances	.....	.....	.....
Shipping	.....	.....	.....

### Contact Person 24h emergency availability

Name: ..... Phone: .....

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## CORPORATE INFORMATION

Year	Corporate sales	Currency	Automotive Industry share in %	Export share in %
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

VAT No.: .....

Tax No.: .....

Bank account: .....

## PRODUCT SPECTRUM (strengthen/weaken)

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## PRODUCT SPECTRUM (DIN standards)

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## SUPPLIER QUESTIONNAIRE

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### PRODUCT SPECTRUM (materials)

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### PRODUCT SPECTRUM (dimensions)

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### Who are your main customers?

Name	Currency	Country	Product
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

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### LIABILITY INSURANCE

Product liability     Yes     No     planned    coverage: .....

Recall insurance     Yes     No     planned    coverage: .....

Insurance company: .....

(Please enclose confirmation of your insurer.)

### QUALITY

Certificate:

ISO 9001/2008     Yes     valid until: .....

No     planned from: .....

QS 9000     Yes     valid until: .....

No     planned from: .....

VDA 6.1     Yes     valid until: .....

No     planned from: .....

TS 16949     Yes     valid until: .....

No     planned from: .....

(Please tick where applicable and attach copy of the certificate.)

Product entry possible in the IMDS system?

Yes     No     planned from: .....

Sampling with EMPB possible?

Yes     No     planned from: .....

Deliveries with factory certification possible?

Yes     No     planned from: .....

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### ENVIRONMENT

Does your company have a validated and certified environmental management system...  
... according to DIN EN ISO 14001 ?

Yes                       valid until: .....

No                          planned from: .....

... by other standard of regulation?

Yes                       valid until: .....

No                          planned from: .....

(Please tick where applicable and attach copy of the certificate.)

### HEALTH AND SAFETY

Does your company have a validated and certified health and safety management  
system...

... according to OHSAS 18001?

Yes                       valid until: .....

No                          planned from: .....

(Please tick where applicable and attach copy of the certificate.)

Date:                      Name:                      Function:                      Signature:  
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