



General Data

Address

Company Name:

Street		Phone No.	
City, Zip Code		Fax No.	
Country		Website	

Company Profile

Type of Company		Year Founded	
Owner			
Subsidiaries			

Contact Information	Name	Phone - Ext. / Cell	E-Mail
Managing Director		O- C-	
Sales Manager		O- C-	
Head of Development		O- C-	
Head of Production		O- C-	
Head of Quality Management		O- C-	
Head of Environment Management		O- C-	
Main Vendor Contact No.		O- C-	
		O- C-	

Company Data

Main Competitors			
Staff Numbers	Total Plant		Production
Number of Shifts			

Production

Main Product / Processes	Production Capacity (per/year)	Currently Used Capacity in%	Current Lead Time
1)			
2)			
3)			
4)			



Supplier Questionnaire

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5)				
Production and Test Equipment			Yes	No
List of Machines, including make and age on separate sheet			<input type="checkbox"/>	<input type="checkbox"/>
Quality Assurance / Please tick if applicable				
QA Strategy	<input type="checkbox"/>	Statistical Process Control	<input type="checkbox"/>	
QA Manual	<input type="checkbox"/>	Failure Mode Effect Analysis	<input type="checkbox"/>	
Machine Capability Studies	<input type="checkbox"/>	Process Capability Studies	<input type="checkbox"/>	
Quality Management System According to... / Please tick if applicable				
Standard	According to	Audit Company	Certification Valid Until / Please attach copy	
ISO 9001:2000	<input type="checkbox"/>			
ISO 9001:2008	<input type="checkbox"/>			
TS 16949: 2002	<input type="checkbox"/>			
TS 16949: 2009	<input type="checkbox"/>			
ISO 14001	<input type="checkbox"/>			
CQI-9 Heat Treat System	<input type="checkbox"/>			
CQI-11 Plating System	<input type="checkbox"/>			
	<input type="checkbox"/>			
Main Customers				
Customer	Automotive	Non-Automotive	% of Business	
1)				
2)				
3)				
4)				
5)				
Business Relationship to other SMP companies			Yes	No
Are you or have you formerly been a supplier of one of our subsidiaries?			<input type="checkbox"/>	<input type="checkbox"/>
If yes, which one?				
If yes, what was the result of the last Supplier Rating Score?				

Name:

Date:

Phone:

Email:

Attachments (Check box of any supporting attachments)					
List of machines	<input type="checkbox"/>	List of testing equipment	<input type="checkbox"/>	Company Brochure	<input type="checkbox"/>
Certificates	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Remarks / Explanations					

Please submit completed questionnaire and return to your SMP GVL purchasing representative.