

## Supplier information

### I.) GENERAL DATA

**company name:** \_\_\_\_\_  
**website:** \_\_\_\_\_  
**D-U-N-S® Number** \_\_\_\_\_  
**NACE Code:** \_\_\_\_\_  
**address:** street: \_\_\_\_\_  
 ZIP code, city: \_\_\_\_\_  
 country: \_\_\_\_\_  
 telephone no.: \_\_\_\_\_

**contact data / contact person:**

	name:	telephone no.:	E-Mail:
commercial	_____	_____	_____
technical	_____	_____	_____
quality management	_____	_____	_____

### II.) COMPANY PROFILE

**year of foundation:** \_\_\_\_\_  
**legal form:** \_\_\_\_\_  
**managing director:** \_\_\_\_\_  
**Major Shareholder(s) Owner:**  holding company  subsidiary  
*(depending on the upper declaration please fill in the following information)*

holding company	
name	country

subsidiaries		
name	country	ratio (%)

**production:**  manufacturer  retailer in case of retailer, name of the manufacturer: \_\_\_\_\_  
**manufacturing plant:**

<b>national:</b>	<b>international:</b>
countries: _____	_____
_____	_____
_____	_____

**subsidiary of sales:**  yes  no  
 in case of yes, locations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**export share:** nearly \_\_\_\_\_ % of turnover  
**import share:** nearly \_\_\_\_\_ % of purchasing volume

main countries for product selling:

---



---



---

development of turnover seperated in division

division	currency	turnover current year -1	turnover current year -2	turnover current year -3

employees					
department	number of employees				
administration					
production					
tool manufacture		own department	<input type="checkbox"/> yes	<input type="checkbox"/> no	
construction		own department	<input type="checkbox"/> yes	<input type="checkbox"/> no	development on customer request <input type="checkbox"/> yes <input type="checkbox"/> no
quality management		own department	<input type="checkbox"/> yes	<input type="checkbox"/> no	

### III.) PRODUCT INFORMATION

product range:

---



---



---



---

know-how emphases/ technologies:

---



---



---

main customers				
	customer	country	branch	percentage of turnover (%)
1				
2				
3				
4				

main competitors				
	competitors	division / branch	country	market share (%)
1				
2				
3				
4				

## IV.) QUALITY MANAGEMENT SYSTEM

Does a written specified quality management system exist?

yes  no

Is the quality management system certified? In case of yes, which certificates are available?

\*please provide a copy of the certificates

certificate	issued	planned	date of certification	valid to	certifying institute
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			

## V.) ENVIRONMENTAL MANAGEMENT SYSTEM

Does a written specified environmental management system exist?

yes  no

Is the environmental management system certified? In case of yes, which certificates are available?

\*please provide a copy of the certificates

certificate	issued	planned	date of certification	valid to	certifying institute
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			

## VI.) ENERGY MANAGEMENT SYSTEM

Does a written specified energy management system exist?

yes  no

Is the energy management system certified? In case of yes, which certificates are available?

\*please provide a copy of the certificates

certificate	issued	planned	date of certification	valid to	certifying institute
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			

## VII.) CONDITIONS OF PAYMENT AND DELIVERY

conditions of payment:

\_\_\_\_\_

conditions of delivery:

(Incoterms):

\_\_\_\_\_

## VIII.) IT Equipment

	System available		system / software
CAD-data exchange	<input type="checkbox"/> yes	<input type="checkbox"/> no	
EDI	<input type="checkbox"/> yes	<input type="checkbox"/> no	
video conference	<input type="checkbox"/> yes	<input type="checkbox"/> no	

## Specific requirements (profiles)

### IX) commercial criteria

how is the average leadtime for new dies?	weeks <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7
capacity for new dies? ( week/month/year)?	
most important customers / competitor supplier ?	
annual capacity in tons? production quantity in the previous year in tons?	
top three customers and share (%) at its turnover	
max. / min. lengths	
dislocation of product production from one place to another possible?	<input type="checkbox"/> yes <input type="checkbox"/> no
which alloys can be used?	
which mechanical processing possibilities exist?	
in-house die shop?	<input type="checkbox"/> yes <input type="checkbox"/> no
max. diameter feasible?	
max. / min. weight in gram per metres (run-out)?	

### X) technical criteria

	Press 1	Press 2	Press 3
year of manufacture of the press / press size			
modernization of the press			
recipient diameter			
type of run-out zone behind the extrusion?	<input type="checkbox"/> rollers	<input type="checkbox"/> rollers	<input type="checkbox"/> rollers
	<input type="checkbox"/> graphite	<input type="checkbox"/> graphite	<input type="checkbox"/> graphite
run-out table (cross conveyer)	<input type="checkbox"/> conveyer belt	<input type="checkbox"/> conveyer belt	<input type="checkbox"/> conveyer belt
	<input type="checkbox"/> lifting beam	<input type="checkbox"/> lifting beam	<input type="checkbox"/> lifting beam
cooling of the dies (nitrogen)	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
method of de-stacking	<input type="checkbox"/> stacker	<input type="checkbox"/> stacker	<input type="checkbox"/> stacker
	<input type="checkbox"/> by hand	<input type="checkbox"/> by hand	<input type="checkbox"/> by hand
max. run-out length?			
billet suppliers?			
which packaging is used?			
certified in accordance?			