

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: **national:** _____ **international:** _____
 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 (stamping and bending articles, cold-formed parts, turned parts)

GENERAL DATA

annual tonnage produced: to.

number of shifts worked: shifts

average utilization of employee: %

alignment of production: samples / small series average series large scale production

MACHINERY PRODUCTION FACILITIES

investments in the last three years:

average age of the machinery: quite new (1-2 years old)
 3-4 years old
 older than 5 years

notes:

machine type/ processing	number of product-ion lines	name of machine (size of machine)	free capacity (%)	manufac- turer of plants

other machinery and plants:

plant type / possible processing	name of the plant (size of the machine)	free capacity (%)	manufac- turer of plants

notes:

willingness for expansion of capacity

yes no

planned investments for the next three years:

PROCESSING

1.) PROCESSING FACILITIES

	kind of processing	production possible		notes
		yes	no	
PROCESSING FACILITIES	sawing	<input type="checkbox"/>	<input type="checkbox"/>	
	stamping	<input type="checkbox"/>	<input type="checkbox"/>	
	drilling / drilling of screw thread	<input type="checkbox"/>	<input type="checkbox"/>	
	CNC milling	<input type="checkbox"/>	<input type="checkbox"/>	
	installation of assembly groups	<input type="checkbox"/>	<input type="checkbox"/>	
OTHER POSSIBILITIES		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		

other notes:

2.) SURFACE TREATMENT

	kind of treatment	production possible		notes
		yes	no	
SURFACE TREATMENT	grinding / trowalisation	<input type="checkbox"/>	<input type="checkbox"/>	
	degreasing of modules	<input type="checkbox"/>	<input type="checkbox"/>	
	washing of modules	<input type="checkbox"/>	<input type="checkbox"/>	
	chromatising	<input type="checkbox"/>	<input type="checkbox"/>	
	zinc plating	<input type="checkbox"/>	<input type="checkbox"/>	
	anodising	<input type="checkbox"/>	<input type="checkbox"/>	
	powder coating	<input type="checkbox"/>	<input type="checkbox"/>	
	wet coating	<input type="checkbox"/>	<input type="checkbox"/>	
	KTL-coating	<input type="checkbox"/>	<input type="checkbox"/>	
OTHER POSSIBILITIES		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		