



Supplier Questionnaire

1. GENERAL INFORMATION

Company Name _____

1st Address (PO Box): _____

1st Address (Street): _____

City/State/Zip Code: _____

Country: _____

Phone No.: _____

Fax No.: _____

Homepage (Internet): _____

2. CONTACTS - *REQUIRED

*Top Management:

Phone No./Fax No.: _____

Mobile phone No.: _____

E-mail-Address: _____

Operations Manager:

Phone No./Fax No.: _____

Mobile phone No.: _____

E-mail-Address: _____

Quality Manager:

Phone No./Fax No.: _____

Mobile phone No.: _____

E-mail-Address: _____

Engineering Manager:

Phone No./Fax No.: _____

Mobile phone No.: _____

E-mail-Address: _____

Logistics Manager:

Phone No./Fax No.: _____

Mobile phone No.: _____

E-mail-Address: _____

*Sales Contact:

Phone No./Fax No.: _____

Mobile phone No.: _____

E-mail-Address: _____

*Accounting Contact:

Phone No./Fax No.: _____

Mobile phone No.: _____

E-mail-Address: _____

NAFTA:

Phone No./Fax No.: _____

Mobile phone No.: _____

E-mail-Address: _____

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3. COMPANY / FINANCIAL DATA

Type of Ownership: Private Public Proprietorship Partnership Corporation

DUNS Number (#): _____

EIN Number (#): _____

Copy of W-9 to be included: Copy of W-9 Attached? Yes No

Current Banking Institution _____
 Bank Relationship Manager / Contact – Name & Phone Number _____

Maximum Line-of-Credit Availability _____

Current LOC Outstanding Balance _____

Date LOC Expires _____

Do you accept Credit Cards? Yes No

Parent Company (if applicable): _____

Other Locations (if applicable):
 (Production, Sales, Logistics centre etc.) _____

Type of Business in %
 (e.g. Automotive 10%; Telecommunications 20%) _____

Number of years in business: Automotive: Others: _____

Total Value of Current Assets (Prior year-end audited statements) _____

Total Value of Current Liabilities (Prior year-end audited statements) _____

Annual sales (please add to appropriate year) Two years ago: Last year: This year (forecast): _____

Annual spend/buy (please add to appropriate year) Two years ago: Last year: This year (forecast): _____

Number of Employees: Total: Production: Quality: R&D: _____

Employee structure: Attach your current organization chart _____

Can your company amortize tooling? Yes No Limit of amortization in \$ _____

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Is your company a certified minority supplier?

If yes, please provide certificate as an attachment

Yes

No

4. PRODUCTION DATA

Technology:

(e.g. stamping, forging, casting, painting, etc)

Working patterns:

(e.g. 8h/shift; 3shifts/day; 6days/week)

Production Volumes:

Small Series : <10,000 pieces p.a. _____ %

Middle Series: 10,000 pieces – 100,000 pieces p.a. _____ %

Mass Volume (Series): >100,000 pieces p.a. _____ %

5. Customers and Suppliers

Main Customers (as % of total sales):

Automotive: _____

List the main products you deliver to them

All Others: _____

Main Sub-Tier Suppliers:
(as % of total spend)

Raw Material: _____

Components: _____

Assemblies: _____

Tooling: _____

Plating, Heat Treat,
Machining, etc.: _____

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6. LABOR AGREEMENT

	Yes	No	Conditions/Comment(s)
Do you have a labor union agreement? If yes, provide the end date.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you have no-strike agreement?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are there any governmental regulations affecting your workforce? (limited weekly hours, weekend work etc.)	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____

7. ENGINEERING

	Yes	No	Comment(s)
Do you have in-house tooling design and manufacture?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are you able to produce prototypes?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you have CAD System(s)? Specify what system(s) and exchange parameters	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you have laboratory with appropriate measuring and test equipment?	<input type="checkbox"/>	<input type="checkbox"/>	_____

8. QUALITY

	Yes	No	Comment(s)
Do you intend to become registered to IATF 16949:2016? When?	<input type="checkbox"/>	<input type="checkbox"/>	If you are registered to IATF 16949:2016 or other Quality System please attach a copy of your certificate. _____
Supplier Management Program - Acceptance	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you conduct Manufacturing Feasibility Analysis?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are you familiar with PPAP? Describe your PPAP process	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____
Do you have Product Liability Insurance? Amount of Policy(s)	<input type="checkbox"/>	<input type="checkbox"/>	Please attach a copy of your certificate. \$ _____

9. LOGISTICS

	Yes	No	Comment(s)
Do you have an ERP system?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you have EDI? Specify with whom.	<input type="checkbox"/>	<input type="checkbox"/>	_____



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Are you capable of accessing the Internet?

Are you capable of doing Video Conference?

Do you use a freight consolidator?

Main transport types used: Railway Motorway Sea Air Other

List what customers you have where you operate JIT, have KANBAN with them or Consignment Stock or Third Party Warehouse

10. ENVIRONMENT

	Yes	No	Comment(s)
Do you have defined environmental strategy/policy?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you an ISO14001 Registered Company?	<input type="checkbox"/>	<input type="checkbox"/>	Attach a copy of your certificate
Are you familiar with End-of-Life Vehicle (ELV) Directive 2000/53/EC & IMDS (International Material Data System) and the applicable reporting systems/tools?	<input type="checkbox"/>	<input type="checkbox"/>	

11. ACCEPTANCE

	Yes	No	Comment(s)
ACEMCO General Purchase Conditions <small>(Web page: http://www.acemco.com/company/suppliers, go to Reference link-> ACEMCO supplier terms and conditions</small>	<input type="checkbox"/>	<input type="checkbox"/>	

12. ADDITIONAL COMMENTS

Company Representative: _____

Department: _____

Title _____

Date: _____

Signature: _____

Supplier Questionnaire



FOR ACEMCO USE ONLY:

<p>Supplier Approved? Yes _____ No _____</p> <p>Authorized Approver: _____</p> <p>Authorized Signature: _____</p> <p>Date: _____</p>
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