



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 DATA

Type of Ownership: Private Public Proprietorship Partnership Corporation

DUNS Number (#): _____

EIN Number (#): _____

Copy of W-9 to be included: Attach a copy of W-9

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: _____

Asset value in \$K: _____

Annual sales in \$K (please add appropriate year) Two years ago: _____ Last year: _____ This year (forecast): _____

Annual spend/buy in \$K (please add 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 \$ _____

Is your company a certified minority supplier? Yes No
If yes, please provide certificate as an attachment

4. PRODUCTION DATA

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

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



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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.:

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"/>	_____

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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. _____
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 (ies)	<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"/>	_____		
Are you capable of accessing the Internet?	<input type="checkbox"/>	<input type="checkbox"/>	_____		
Are you capable of doing Video Conference?	<input type="checkbox"/>	<input type="checkbox"/>	_____		
Do you use a freight consolidator?	<input type="checkbox"/>	<input type="checkbox"/>	_____		
Main transport types used:	Railway <input type="checkbox"/>	Motorway <input type="checkbox"/>	Sea <input type="checkbox"/>	Air <input type="checkbox"/>	Other <input type="checkbox"/>
List what customers you have where you operate JIT, have KANBAN with them or Consignment Stock or Third Party Warehouse	_____				

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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. COMMENTS

Company Representative: _____

Department: _____

Title _____

Date: _____

Signature: _____

FOR ACEMCO USE ONLY:

Supplier Approved? Yes _____ No _____
Authorized Approver: _____
Authorized Signature: _____
Date: _____