

Supplier's questionnaire

New supplier



Company data:

Full company name: _____

Address: _____

Phone: _____

Fax: _____

E-mail _____ Website: _____

Are there other production sites? yes no
If yes, please specify on an own sheet!

Contact partner: (Name / phone / e-mail)

Commercial (sales): _____

Technical: _____

Quality: _____

Logistics: _____

Company data:

Languages: German English _____

Total number of employees: _____ Year established: _____

Legal form of company: _____ Company register entries: _____

Group membership: _____ VAT Ident. No.: _____

Turnover: _____

Product range: _____

Reference customers: _____

(Name of contact and contact details) _____

Stock of machinery and equipment: _____

(attach an additional list if appropriate) _____

Test equipment / test facilities: _____

(attach an additional list if appropriate) _____

Certified QM System: ISO 9001 TS 16949 VDA 6.1 QS 9000

(Please attach copy of certificate)
Further certificates: ISO 14001 _____

CAD capabilities: VDA IGES CATIA 4.2.4 V5R12 DXF

Data transfer / IMDS: Odette FTP IMDS experience

Experience as automobile supplier yes no Conformity

Conformity, end-of-life vehicles: yes no Remarks: _____

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D-U-N-S ® Number allocated: yes no If yes, which: _____

Infrastructure: (geographical description of the / manufacturing location(s))

Distance to nearest motorway link (km): _____

Distance to nearest airport (km): _____

Distance to nearest sea/river port (km): _____

Development services:

Can development work (construction of parts or assemblies) be carried out?

yes, internally yes, with external service providers no

Operating materials:

Do you have a facility to construct your own operating materials and equipment?

yes, internally yes, with external service providers no

Can simulations be carried out?

yes, internally yes, with external service providers no

If yes, which:

Do you have your own tool / jig making facility?

yes, internally yes, with external service providers no

Are the machines / tools / jigs serviced regularly according to a plan?

yes, internally yes, with external service providers no

Co-operation:

May our employees, with your agreement, view your production facilities?

yes no

May our customers together with one of our employees, with your agreement, view your production facilities?

yes no

Date: _____

Signature / Company stamp: _____

Name in block capitals: _____