




ADDRESS			
Company name			
Street			
Country - Zip-Code - City		@	
NACE-Code			

ACCOUNTS DEPARTMENT			
Name of bank		Invoicing address	
Account number		Company registration no.	
Account holder		VAT-number	
SWIFT-Code (BIC)		Payment terms	Selection
IBAN-Code		Delivery terms	Selection

LIABILITY			
	yes	no	Sum insured
Product liability	<input type="checkbox"/>	<input type="checkbox"/>	
Extended product liability	<input type="checkbox"/>	<input type="checkbox"/>	
Recall costs	<input type="checkbox"/>	<input type="checkbox"/>	

CONTACT PERSON				
	name	title		@
Management				
Sales				
Engineering				
Quality				
Accounts department				

COMPANY INFORMATION						
Group affiliation	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	Year of foundation	
Grey Market Activity	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	Business	
Product range				Languages		
Additional Facilities				Fabrication (Coded)		
	Planned for current year			Previous year		Two years previous
Turnover						
Investments						
Export share						



QUALITY-MANAGEMENT-SYSTEM						
	standard	yes	no	Valid until	Planned introduction	Introduction completed by
Is your company certified according to one of the following standards? (Please enclose certificates)	EN ISO 9001	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
	EN 9100 / AS 9100	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
	EN ISO 3834-2	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
	EN ISO 14001	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
	Others	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

NUMBER OF EMPLOYEES							
Total		Quality Assurance		Engineering		Production	

CUSTOMER INFORMATION							
Number of customers		Number of Key customers (80 % turnover)		Limit % of business by customer			
Six most valuable customers (name and percentage based on total turnover)							
1.			%	2.			%
3.			%	4.			%
5.			%	6.			%

GENERAL INFORMATION			
	yes	no	comments
Do you have a CAD program in use? If so, what?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have an ERP system in use? If so, which one?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you plan your production? If so, how?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you plan your capacity? If so, how?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you make 100% final inspection? If so, how?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have project management capability?	<input type="checkbox"/>	<input type="checkbox"/>	
What is your minimum period for the retention of documents?			
How do you guarantee confidentiality within your subcontractors?			
How do deal with queries?			
Do you have experience of exporting products?			

MACHINING INFORMATION			
	yes	no	comments
Do you have design capability?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you manufacture jigs, fixtures & GSE and if so for which customers?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have you assembly capacity?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have a good supply base for material?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have 5 axis CNC machines? If so, how many?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have 3 axis CNC machines? If so, how many?	<input type="checkbox"/>	<input type="checkbox"/>	



	yes	no	comments
Do you have conventional machining, milling, turning, grinding? If so, how many and to what size?	<input type="checkbox"/>	<input type="checkbox"/>	
Are your welders qualified / coded?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have CMM Measurement capability?	<input type="checkbox"/>	<input type="checkbox"/>	
Can you perform non-contact measurement - Leica Trackers?	<input type="checkbox"/>	<input type="checkbox"/>	
What surface treatment can you perform?	<input type="checkbox"/>	<input type="checkbox"/>	
Can you perform painting?	<input type="checkbox"/>	<input type="checkbox"/>	
Can you perform hot press forming?	<input type="checkbox"/>	<input type="checkbox"/>	

	Supplier	HYDRO Systems KG
Date	Signature / Company Stamp	Signature