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| **General Information** |
| **Company Name** |       | **Contact Name** |       |
| **Address** |       | **City, State, Zip** |       |
| **Phone Number** |       | **Fax Number** |       |
| **XMEK Customer number in your ERP** |  | **Website Address** |  |
| **Payment Terms** |  | **Cage Code** **(if applicable)** |  |
| **DUNS Number /** **DUNS Parent** |  | **Order Minimum** |  |
| **Order Line Minimum** |  |
| **Supplier Type** | [ ]  Raw Materials/Hardware[ ]  Special Processer (Heat Treating, Plating, Etc)[ ]  Service Provider[ ]  Subcontractor[ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Key words you’d like added to your supplier record?(Please list all / any)** |
|  |
| **Accounts Receivable and Remit to Information** |
| **Contact Name** |  | **Email Address** |  |
| **Direct Telephone** |  | **Direct Fax** |  |
|  |
| **Address 1** |  |
| **City** |  | **State** |  | **Zip** |  | **Country** |  |
|  |
| **Address 2** |  |
| **City** |  | **State** |  | **Zip** |  | **Country** |  |
|  |  |  |  |  |  |  |  |
| **Address 3** |  |
| **City** |  | **State** |  | **Zip** |  | **Country** |  |
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| **Quality Management System:**Does your organization maintain an accredited quality management system (QMS)? [ ]  Yes [ ]  NoQMS Type: [ ]  ISO 9001 [ ]  AS9100 [ ]  AS9120 [ ]  NADCAP \_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Other \_*\_\_\_\_\_\_\_\_\_\_\_\_\_****If yes, attach a current copy of your Certificate and skip the Quality Management System questionnaire below.*** |
| **Quality Management System Questionnaire** | Yes | No | N/A |
|  1 | Do you have a documented quality management system? | [ ]  | [ ]  | [ ]  |
| 2 | Do you allow customers to audit your facilities / processes? | [ ]  | [ ]  | [ ]  |
| 3 | Do you have a documented nonconforming material control process? | [ ]  | [ ]  | [ ]  |
| 4 | Do you have a documented corrective action process? | [ ]  | [ ]  | [ ]  |
| 5 | Do you have a customer complaint process? | [ ]  | [ ]  | [ ]  |
| 6 | Do you perform inspection on products or services and are records maintained? | [ ]  | [ ]  | [ ]  |
| 7 | Are measuring and test equipment used to inspect product periodically calibrated? | [ ]  | [ ]  | [ ]  |
| 8 | Do you retain records of quality activities? How Long?       Years | [ ]  | [ ]  | [ ]  |
| 9 | Do you perform internal audits on your internal processes? | [ ]  | [ ]  | [ ]  |
| 10 | Are employees trained to perform work affecting product/service quality? | [ ]  | [ ]  | [ ]  |
| ***Supplier Quality Representative*** |       |

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| **Distribution & Shipping** |
| Are or will our products be shipped from multiple locations?If yes, please list: |
| **Address 1** |  |
| **City** |  | **State** |  | **Zip** |  | **Country** |  |
|  |
| **Address 2** |  |
| **City** |  | **State** |  | **Zip** |  | **Country** |  |
|  |  |  |  |  |  |  |  |
| **Address 3** |  |
| **City** |  | **State** |  | **Zip** |  | **Country** |  |
|  |
| **Notes:** |  |
|  |
| **Warranty Returns** |
| **Warranty Return / Quality Contact**  |  | **Email Address** |  |
| **Direct Telephone** |  | **Direct Fax** |  |
| **Address 1** |  |
| **City** |  | **State** |  | **Zip** |  | **Country** |  |
|  |
| **Address 2** |  |
| **City** |  | **State** |  | **Zip** |  | **Country** |  |
|  |  |  |  |  |  |  |  |
| **Address 3** |  |
| **City** |  | **State** |  | **Zip** |  | **Country** |  |
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| **Sales Information** |
| **Inside Sales**  |
| **Primary Contact**  |  | **Email Address** |  |
| **Direct Telephone** |  | **Direct Fax** |  |
| **Order Expedite Contact**  |  | **Email Address** |  |
| **Direct Telephone** |  | **Direct Fax** |  |
| **Address 1** |  |
| **City** |  | **State** |  | **Zip** |  | **Country** |  |
|  |
| **Address 2** |  |
| **City** |  | **State** |  | **Zip** |  | **Country** |  |
|  |  |  |  |  |  |  |  |
| **Address 3** |  |
| **City** |  | **State** |  | **Zip** |  | **Country** |  |
|  |
|  |  |
| **Outside Sales**  |
| **Primary Contact**  |  | **Email Address** |  |
| **Direct Telephone** |  | **Direct Fax** |  |
| **Direct Mobile Phone**  |  | **Email Address** |  |
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| Please provide any additional information you’d like for us to have about your company or capabilities |
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