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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** | |  |
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| **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  No  QMS 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** | |  |
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| **Notes:** |  | | | | | | | | | | |
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| **Warranty Returns** | | | | | | | | | | | |
| **Warranty Return / Quality Contact** | | | |  | | | | **Email Address** | |  | |
| **Direct Telephone** | | | |  | | | | **Direct Fax** | |  | |
| **Address 1** | |  | | | | | | | | | |
| **City** | |  | **State** | |  | **Zip** |  | | **Country** | |  |
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| **Address 2** | |  | | | | | | | | | |
| **City** | |  | **State** | |  | **Zip** |  | | **Country** | |  |
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| **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** | |  |
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| **Address 2** |  | | | | | | | | |
| **City** |  | **State** |  | **Zip** | |  | **Country** | |  |
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| **Address 3** |  | | | | | | | | |
| **City** |  | **State** |  | **Zip** | |  | **Country** | |  |
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| **Outside Sales** | | | | | | | | | |
| **Primary Contact** |  | | | | **Email Address** | | |  | |
| **Direct Telephone** |  | | | | **Direct Fax** | | |  | |
| **Direct Mobile Phone** |  | | | | **Email Address** | | |  | |
|  | | | | | | | | | |
| Please provide any additional information you’d like for us to have about your company or capabilities | | | | | | | | | |
|  | | | | | | | | | |