

# SUPPLIER FORM



COMPANY INFORMATION	COMPANY NAME		BUSINESS CATEGORY	
	STREET		LANGUAGES	
	ZIP / CITY		ASSEMBLY	
	COUNTRY		NUMBER OF EMPLOYEES	
	TELEPHONE		TURNOVER 2016	
	FAX		TURNOVER 2015	
	EMAIL		TURNOVER 2014	
	YEAR OF FOUNDATION		NUMBER OF CUSTOMERS	

ACCOUNT INFORMATIONS	NAME OF BANK		INVOICING ADDRESS	
	ACCOUNT NUMBER			
	ACCOUNT HOLDER			
	SWIFT-CODE (BIC)		COMPANY REGISTRATION NUMBER	
	IBAN-CODE			
	ACCOUNTS DPT		VAT NUMBER	

CONTACT	DEPARTMENT	NAME	TITLE	TELEPHONE	MAIL
	MANAGEMENT				
	SALES				
	QUALITY				
	ENGINEERING				
	ACCOUNTS DPT				

QUALITY	STANDARD	YES	NO	OUT SOURCED	VALID UNTIL	PLANNED INTRODUCTION	INTRODUCTION COMPLETED BY
	EN ISO 9001						
	EN 9100 / AS 9100						
	EN ISO 3834-2						
	EN ISO 14001						
	FINAL INSPECTION						
	PROJECT MANAGEMENT CAPABILITY						
	OTHERS						

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INFORMATIONS	DESIGNATION	YES	NO	O U T S O U R C E D	COMMENTS
	CAD PROGRAM				
	ERP SYSTEM				
	DESIGN CAPABILITY				
	CMM MEASUREMENT CAPABILITY				
	5 AXIS CNC				
	3 AXIS CNC				
	TURNING / MAXIMUM DIMENSIONS				
	DRILLING				
	MILLING / MAXIMUM DIMENSIONS				
	THREADING				
	STEEL WELDING				
	ALUMINIUM WELDING				
	REWORK AFTER WELDING				
	PLATING				
PAINTING					
STAMPING / MARKING					

REFERENCES	CUSTOMER 01	CONTACT
	CUSTOMER 02	CONTACT
	CUSTOMER 03	CONTACT
	CUSTOMER 04	CONTACT
	CUSTOMER 05	CONTACT
	CUSTOMER 06	CONTACT

DATE	NAME	COMPANY STAMP	SIGNATURE