

## **Supplier Application**

### **Part I: Master Data**

company:	
street:	
post office box:	
ZIP:	
city:	
country:	
phone:	
Fax:	
E-mail:	
Internet address:	

### **Part II: further company information**

Legal form:	
Year of establishment:	
Mission:	<input type="checkbox"/> trading <input type="checkbox"/> industry
Company Size:	<input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-249 <input type="checkbox"/> 250 - 499 <input type="checkbox"/> >= 500
Product range / range	
Delivery overview is	<input type="checkbox"/> yes <input type="checkbox"/> no

### **Part III: Contact / responsibilities**

	Name	Phone	E-mail
management			
sales			
management			
Agents Staffed			
sales			
Head of QA			
GL			
technology			

## Part IV: Questionnaire to QA system

Work according to an externally certified quality management system?      yes      Introduction planned for      no  
           

After which systems the company is certified?     

If your test equipment calibrated regularly?      yes      Notes

Find incoming inspections take place?      yes  
     

Find midterm exams instead of?      yes  
     

Find final exams take place?      yes  
     

If so, these are documented?     

Are these documents available in the show?     

City, Date

Name

Stamp and signature