

SUPPLIER INFORMATION FORM

PLEASE PRINT OR TYPE AN ANSWER TO THE BEST OF YOUR KNOWLEDGE. FEEL FREE TO ATTACH ANY ADDITIONAL DOCUMENTATION YOU FEEL IS EITHER REQUIRED OR USEFUL.

BUSINESS NAME (dba):		SUPPLIER # (TBE ENTRY):	
STREET ADDRESS:		CAGE CODE:	
CITY, STATE, ZIP:		OWNERS NAME: If not incorporated:	
BILLING ADDRESS: (Leave blank if same)		CONTACT	
PHONE NUMBER:		FAX NUMBER	
WEB SITE ADDRESS:			
NUMBER OF EMPLOYEES:		DUNS #:	
1. What forms of payment do you accept? (check all that apply) <input type="checkbox"/> Credit Card <input type="checkbox"/> EFT/ACH <input type="checkbox"/> Check <input type="checkbox"/> Wire If you accept credit card payments Do you charge a processing fee? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a limit? i.e Cannot be greater than 5k? <input type="checkbox"/> Yes <input type="checkbox"/> No Can you maintain a credit card number on file? <input type="checkbox"/> Yes <input type="checkbox"/> No			
COMMENTS:			
2. Preferred payment terms: a. Credit card <input type="checkbox"/> Net 30 Visa <input type="checkbox"/> Other _____ b. EFT/ACH <input type="checkbox"/> 2% 10 Net 60 <input type="checkbox"/> Net 60 <input type="checkbox"/> Other _____ c. By check <input type="checkbox"/> 2% 10 Net 60 <input type="checkbox"/> Net 60 <input type="checkbox"/> Other _____			
BUSINESS - LEGAL FORM:	Corporation <input type="checkbox"/>	Sole Proprietor <input type="checkbox"/>	Partnership <input type="checkbox"/> LLC <input type="checkbox"/>
BUSINESS CLASSIFICATION:	Large <input type="checkbox"/>	Small <input type="checkbox"/>	Non-Profit <input type="checkbox"/> Foreign/Other <input type="checkbox"/>
BUSINESS CLASSIFICATION:	Certified Small Disadvantaged <input type="checkbox"/>	Woman Owned <input type="checkbox"/>	Hub Zone Certified <input type="checkbox"/>
BUSINESS CLASSIFICATION:	Historical Black Colleges / Minority Institutions <input type="checkbox"/>	Veteran Owned <input type="checkbox"/>	Service-Disabled Veteran Owned <input type="checkbox"/> Alaskan Native Corp / Indian Tribe <input type="checkbox"/>
TAXPAYER ID NUMBER:			
SOCIAL SECURITY NUMBER (IF BUSINESS IS NOT INCORPORATED):			
PLEASE LIST YOUR PRINCIPAL PRODUCTS:			
CONTACT INFORMATION:			
COMMENTS:			
PREPARED BY:		TITLE:	

SUPPLIER INFORMATION FORM

QUALITY SYSTEM

If you are not ISO or AS Certified, send a copy of your Quality Manual, and complete the Supplier Quality Risk Assessment Checklist.

1. Quality system complies with the following specifications. **If you are ISO or AS Certified, please provide a copy of your certificate.**

2. List all certification/approvals achieved from your customer(s) and/or third parties (e.g. NADCAP, OR ERAI):

ISO 9001
 ISO 17025
 ISO 10012
 QS 9000
 D1 9000
 AS9100

3. If you are not AS9100 certified, do you plan on achieving this certification? If yes, when?

SUPPLIER QUALITY RISK ASSESSMENT CHECKLIST

QUALITY SYSTEM:	YES	NO	N/A	COMMENTS
Is there a Quality System Manual? (If so, please provide a copy.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is Quality a separate function/department from Production?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are records kept for all Quality related functions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do employees receive regular training on the Quality System?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

AUDIT RESULTS (if applicable, to be completed by TBE)

This section to be completed by Teledyne Quality Personnel after completing an on-site when required:

On-Site Audit Conducted

DATE: _____

RISK ASSESSMENT RESULT (To be completed by TBE)

This section to be completed by Teledyne Quality Personnel:

Low

Medium

High

RATIONALE FOR RANKING:

This section to be completed by TBE:

Supplier Approval Status:

Approved

Approved for Space

Not Approved

Conditional Approval

Hold

COMMENTS:

APPROVED BY:
(TBE Use Only)

DATE: