

SUPPLIER INFORMATION FORM

 ASL LOCATION: TES
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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 # (TELEDYNE 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"/> 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			
2. Preferred payment terms (check one): <input type="checkbox"/> Net 30 Credit card <input type="checkbox"/> Other _____ <input type="checkbox"/> 2% 10 Net 60 EFT/ACH <input type="checkbox"/> Net 60 EFT/ACH <input type="checkbox"/> Other _____ EFT/ACH Routing Number: _____ EFT/ACH Account Number: _____ Bank Name: _____ Email address for EFT/ACH remittance emails: _____			
COMMENTS:			
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"/> NAICS:
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: (or SSN if you are not an Incorporated Business):			
PLEASE LIST YOUR PRINCIPAL PRODUCTS:			
CONTACT INFORMATION:			
CONTACT EMAIL:			
<b style="color: red;">This section is only required for suppliers who are doing business with Teledyne Energy Systems in Sparks, Maryland: Have you read and agree to General Terms and Conditions of Purchase (3/13/18) and Special T&C's of Purchase Supplement 3 (6/30/16)? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, please send exceptions to Teledyne T&C's back with this form.			
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 TELEDYNE)

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 TELEDYNE)

This section to be completed by Teledyne Quality Personnel:

Low
 Medium
 High

RATIONALE FOR RANKING:

This section to be completed by TELEDYNE:

Supplier Approval Status:

Approved
 Approved for Space
 Not Approved
 Conditional Approval
 Hold

COMMENTS:

APPROVED BY:
(TELEDYNE Use Only)

DATE: