

## Supplier Questionnaire

Company name		Date
<b>1. General Information</b>		
Company address		
Contact		
Function		
Phone		
Fax		
Mobile		
Email		
Homepage		
<b>2. Company Profile</b>		
Group affiliation		
Founding year		
Short history		
Form of organization		
Headquarters		
other locations		
Chief executive officer		
Key account manager		
Technical manager		
Head of quality management		
Contact sales department		
Email for orders (non-personal)		
<b>Bank details</b> Institute Account No. IBAN BIC		
Tax ID		
Trade ID		



## Supplier Questionnaire

<b>3 Products / manufacturing capabilities / services</b>	
<b>Product line / services</b>	
<b>Which manufacturing capabilities do you have?</b>	
<b>Is it possible to manufacture according to technical drawings?</b>	
<b>Usable materials</b>	
<b>Internal or external tool engineering?</b>	
<b>Which CAD programs are used?</b>	
<b>Is there a CAD data connection and if there is which type?</b>	
<b>Core competence of the company?</b>	
<b>Do you plan to buy functional or quality-relevant parts from a sub-supplier?</b>	
<b>Which methods of development and quality are used (e.g. FMEA etc.)</b>	
<b>Which testing facilities are used? With which testing auditing institutions do you cooperate?</b>	

## Supplier Questionnaire

4. Corporate Data							
	Last year		Current year			Next year (planning)	
No of employees							
Currently (in %)	Production		R&D		QA/QM		Other
Total turnover (in EUR)							
Currently (in %)	Home country%		Europe %		Overseas%		

### References rolling stock

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5 Quality		
Certificates	Certification date	Certification company

6. Investments: last / current / next year

**Thank you for the information. We look forward to a good and long-term cooperation!**

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