



SUPPLIER PROFILE SURVEY

COMPANY INFORMATION

COMPANY:	DATE:
SALES ADDRESS:	SHIPPING ADDRESS:
TEL:	TEL:
FAX:	FAX:
WEB PAGE:	EMAIL:
TERMS: Net 60 Days	SHIP VIA:
(Standard terms are Net 60 Days - authorization needed to vary otherwise)	

CONTACT LIST

	PHONE	FAX	EMAIL
SALES:			
QUALITY:			
CUSTOMER SERVICE:			
SHIPPING:			
ACCOUNTING:			

PRIMARY PRODUCT PRODUCED:

QUALITY MANAGEMENT SYSTEM:

Standard on which your Quality System is based (I.E. IATF-16949, ISO-9001) :

Is your Quality System currently accredited by a 3rd Party? No. Yes. Attach Certificate.

If no, please give your plans to implement a system.

Quality System (ie. IATF16949, ISO-9001) & Time Frame:

BUSINESS ENTERPRISE CERTIFICATION:

Is your Company Minority Certified by the NMSDC (Minority Council)? No. Yes. Attach Certificate.

Is your Business Female Certified by the WBENC (National Council)? No. Yes. Attach Certificate.

Is your Business Veteran-Owned Certified by the VOSB or NVBDC No. Yes. Attach Certificate.

Management Approval: _____

NOTE: TRANSNV IS A IATF-16949 REGISTERED FACILITY. AS SUCH, WE ARE REQUIRED TO ENSURE ALL OF OUR KEY VENDORS ARE WORKING TOWARDS HAVING AN ACCREDITED QUALITY

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NEW BALTIMORE MI 48047
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FX: 586-716-5633

		SYSTEM BASED ON IATF OR ISO STANDARDS. VENDORS FAILING TO RESPOND TO THIS
		SURVEY, OR THOSE WITHOUT A VERIFIABLE QUALITY SYSTEM MAY BE SUBJECT TO
		FURTHER AUDIT, EITHER BY SELF SURVEY OR TRANSDATA ON SITE AUDIT.

