

**SUPPLIER INFORMATION FORM**

A. GENERAL INFORMATION			
Company's Legal Name _____			( ) Issue payment to this name
DBA Name _____			( ) Issue payment to this name
Phone _____	Fax _____		
Email _____	Website _____		
Corporate Address _____			
City _____	State _____	Zip _____	
Remit Address _____			
City _____	State _____	Zip _____	
Ship FROM Address _____			
City _____	State _____	Zip _____	
DUNS Number _____	Tax ID Number _____	(Please provide W-9)	
Has your company completed the Altman Z-Score financial assessment? _____ (If yes, please include copy of assessment)			

B. KEY CONTACTS				
Sales	Name _____	AR	Name _____	
	Title _____		Title _____	
	Phone _____		Phone _____	
	Email _____		Email _____	
Quality	Name _____	Product Engineer	Name _____	
	Title _____		Title _____	
	Phone _____		Phone _____	
	Email _____		Email _____	
Shipping	Name _____	General Manager	Name _____	
	Title _____		Title _____	
	Phone _____		Phone _____	
	Email _____		Email _____	

C. OWNERSHIP INFORMATION	
Parent Company Name _____	
Ownership _____	
Date Company Was Established _____	Is this company part of a group? _____
MBE/Minority Owned Business? _____	(If yes, please provide a list of different countries/facilities where group is located)

D. LOGISTICS INFORMATION
Delivery service available? _____
Delivery days/times: _____
Delivery Charge: _____

E. QUALITY ASSURANCE	
Is your company ISO 9000 certified? _____	(If yes, please provide copies of all certifications)
Is your company TS16949 certified? _____	
Does your company hold any other certifications? _____	

F. INSURANCE COVERAGE	
Carrier Name _____	(Please provide copy of certificate of liability insurance)

G. BANK INFORMATION (NON-US SUPPLIERS ONLY)	
Bank Name _____	Account Number _____
Bank Address _____	ACH ABA _____
	Wire ABA _____
Beneficiary Name _____	Swift Code _____

H. SALES			
<u>Product or Product Type</u>		<u>% of Sales</u>	
Largest Customers With Sales Data			
<u>Country</u>	<u>Customer Name</u>	<u>Annual Sales</u>	<u>% of Sales</u>
		Annual Sales (USD)	
	<u>Past Year</u>	<u>Current Year</u>	<u>Next Year (Planned)</u>
Local Market			
Export			
Total Annual Sales			

I. PRODUCTION ORGANIZATION	
Does your company have any planned shutdown periods? _____	Dates: _____
Number of working shifts _____	Number of working days per week _____
Daily working hours per shift _____	Plant capacity utilization (percentage) _____
Average inventory level (days or turns) _____	
Do you have a linkable EDI system? _____	If yes, what formats? _____
Staff/Facility Size	
Manufacturing personnel _____	Plant size (sq ft) _____
Sales and administration personnel _____	
Research and development personnel _____	Total # of employees _____
Quality personnel _____	Employee turnover rate _____
Other personnel _____	

J. SUPPLIER ACKNOWLEDGMENT OF JR AUTOMATION
The supplier acknowledges and accepts the applicable JR Automation Terms and Conditions, which is incorporated on all purchase orders issued by JR Automation.
Signature _____ Date _____

K. INTERNAL JR AUTOMATION USE ONLY	
Payment Terms _____	Commodity _____
<b>Received Documents:</b>	<b>Additional Information:</b>
W-9 [    ]	Tax Exempt (    ) Yes (    ) No
Certificate of Liability [    ]	Subcontract (    ) Yes (    ) No
Confidentiality Agreement [    ]	
Code of Ethics [    ]	
PR-F-05 [    ] Includes project/dept. mgr approval (    ) Yes (    ) No	
<b>Approval Criteria:</b> Must meet criteria 1, 2, or 3 through 5	
[    ] 1. ISO/TS certified. Copy of certificate must be provided.	
[    ] 2. Customer Specified	
[    ] 3. Quality, Quantity, and Delivery - ability to meet specified requirements and deliver product or service requested on time	
[    ] 4. Service and Responsiveness to Corrective Action - ability to provide timely response to unexpected situations and respond to requests for corrective action	
[    ] 5. Pricing - ability to offer pricing that is competitive when compared with other similar vendors	
<b>Approval:</b>	
Commodity Manager _____	Date _____
VP Finance _____	Date _____
VP Supply Chain _____	Date _____