**Suppliers Investigation**

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| Suppliers’Name： （Sealed） |
| Tax No.： Tax Sealed： |
| Former Name： Nature of enterprise： |
| Country： Province： |
| Ville： Contact person： |
| Post code： E-mail： |
| Address： |
| Contact Number 1： Contact Number 2：  Fax ： |
| **Financial Information** |
| Country： |
| Bank of Deposit： |
| Account Number： |
| Payment Terms： |
| Currency： |

**Suppliers Qualification Statement( Qualification documents attached)**

**Company Profile**

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| Company Name Address：  Contact Person： E-mail： Phone：  Post Code： Fax：  Department Employee Quantity：  Credit situation  Establish Date Sales Amount Last Year：  Fix Assets Amount： Liquidity Amount： |

**Employee Introduction**

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| **Executives Introduction** | | | | | |
| Title | Name | Age | Tenure | Education Degree | Contact Number |
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|  |  |  |  |  |  |
| Employee Quantity： Postgraduate ，  Undergraduate:Engineering | | | | | |

**Product Introduction**

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| 1. Product Name： Specification：   Standard：□International □State □Industry □Enterprise  Qualification Rate： （Fill in the highest and lowest product name ）  Negative Feedback Rate： (Fill in the highest and lowest product name ）   1. Certification ：（□Yes□No）   Safety & Quality certification domestic：  Certification Name Certification No Date      Safety & Quality certification international：  Certification Name Certification No Date      C：Key technology Index： Technology Name Index      D:   1. Quality system list 2. Quality management/inspector list and resume |

Principal Client and Product Introduction

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| Clients and Products Details | | |
| Client | Product | Supply Quantity |
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Questionnaire of Production Environment

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| 1. Certification of environment system（ISO14001）； □Yes □No 2. Profession/health/safety assessment system（OHSAS18000）；   □Yes □No   1. Pollution relieving solution □Yes □No 2. Training for special position □Yes □No 3. Materials of packing container： 4. Waste deposal： □Recycle □Waste Sale □Others 5. Hazard identification mark； □Yes □No 6. Emergency phone number： |

**Quality Guarantee**

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| 1. Name of inspection agency: Employee Quantity: 2. Delivery Inspection person: Title:   C. Inspection scope 1.Factory entering inspection □Yes□No 2.Productive process inspection □Yes□No  3.Inspective scope □Yes□No 4. Delivery Inspection □Yes□No  D.Key process of quality control：1. 2. 3.  4. 5. 6.  E. Mark & control in the key procedure □Yes□No  F.Got the □ISO9001 □ISO9002 Quality certificates on Month  Year |