

SUPPLIER PROFILE AND CONTACT SHEET

SUPPLIER NAME: _____ DATE: _____

| | MAIL PO TO: | SEND RELEASE TO: | SHIP FROM: | PAYMENT REMIT TO: |
|-----------|-------------|------------------|------------|-------------------|
| ATTENTION | | | | |
| TITLE | | | | |
| STREET | | | | |
| P.O. BOX | | | | |
| CITY | | | | |
| STATE | | | | |
| ZIP | | | | |
| PHONE | | | | |
| FAX | | | | |
| EMAIL | | | | |

CONTACT INFORMATION

Home phone numbers are required, and are not published to the organization.

| | NAME | PHONE/EXT # | CELL/PAGER | HOME PHONE** |
|-------------------|------|-------------|------------|--------------|
| GENERAL MGR* | | | | |
| AGM* | | | | |
| CONTROLLER | | | | |
| MATERIALS MGR* | | | | |
| QUALITY MGR* | | | | |
| PROGRAM MGR* | | | | |
| ENGINEERING MGR* | | | | |
| PRODUCTION MGR* | | | | |
| SHIPPING | | | | |
| CUSTOMER SVC | | | | |
| SCHEDULER | | | | |
| ACCOUNT MGR | | | | |
| SALES REP | | | | |
| 2ND SHIFT CONTACT | | | | |
| 3RD SHIFT CONTACT | | | | |

IF NOT APPLICABLE, WRITE N/A

AFTER HOURS / WEEKEND EMERGENCY CONTACT PERSON:

| | |
|-------------|--|
| NAME | |
| TITLE | |
| HOME PHONE* | |
| CELL/PAGER | |

ADDITIONAL INFORMATION

EDI: Qualifier # _____ ISA # _____ GS # _____

Duns Number: _____

- Unionize Facility? YES NO If Yes, Contract expires: _____
- Minority Supplier? YES NO If Yes, please provide copy of certificate
- OEM Directed Supplier? YES NO
- TS16949 or ISO9001 Certified? YES NO If Yes, please provide copy of certificate
- ISO14001 Certified? YES NO If Yes, please provide copy of certificate

| Email addresses for the PO Update Auto-Notification Process | |
|---|---------------|
| You will be notified each time a modification is made to your purchase order. | |
| Name/Department | Email Address |
| Sales | |
| Accounts Receivable | |
| Optional | |
| Optional | |
| Optional | |
| Optional | |
| Optional | |
| Optional | |

| INTERNAL USE ONLY (ACCOUNTING) | | | |
|--------------------------------|------------------------------|--|--|
| Supplier Type: | <input type="checkbox"/> MRO | <input type="checkbox"/> RPS | <input type="checkbox"/> SERVICE <input type="checkbox"/> SPOT BUY |
| Auto Pay: | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| CURRENCY: | <input type="checkbox"/> USD | <input type="checkbox"/> OTHER (Specify) | |
| TERMS: | _____ | | |
| SUPPLY WEB SUPPLIER: | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| INTERCOMPANY | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| BANK CODE: | _____ | | |
| ENTERED BY: | _____ | | DATE: _____ |
| VENDOR CODE ASSIGNED: | _____ | | CONTROLLING SUPPLIER: _____ |