

SUPPLIER INFORMATION

All application questions pertain to the Business Unit (Corporation, Subsidiary, Division, Department, etc.) as identified below.

1. COMPANY INFORMATION				
Company Name: _____				
DUNS Number (if applicable): _____		GST Number: _____		
_____		GST Exempt Yes No		
_____		_____		
Order Address: _____		Phone: _____		
Remit to Address: _____		Fax: _____		
Web site: _____		Union Shop: Yes No		
_____		_____		
Corporate Ownership: _____		Name of Union: _____		
Number of employees: Salaried: _____ Hourly: _____		Number of shifts worked: _____		
Employee turnover: Salaried: _____ Hourly: _____		FOB point: _____		
Operations Manager: _____		Phone: _____		
Engineering/Technical Manager: _____		Phone: _____		
Quality Manager: _____		Phone: _____		
Sales Manager: _____		Phone: _____		
Customer Service Contact: _____		Phone: _____		
Customer Service Email Address _____				
Facility Size (sq. ft.) _____	Years in business _____	Years in present location _____	Years of current ownership _____	_____
2. BUSINESS INFORMATION				
Products Manufactured / Sold: _____				
Country/Countries of Origin for Above Products _____				
Affiliations with other Local Businesses? _____				
Although no weight is given to minority businesses MH does maintain records on business that is awarded to minority firms. _____				
Is your firm a Minority (Aboriginal, Women's Business Enterprise, etc)?		_____		
Payment Terms				
Early payment discount terms available: Yes No		If Yes, provide terms: _____		
Primary Business: (check all that apply)				
Manufacturing	Distributor	Consultant	Contractor	If Contractor, please specify trade: _____

3. SERVICE PROVIDER / QUALIFICATION

Type of Services Performed	Resume attached	Specific License Required?	If yes, it is attached?	

4. QUALITY

Do your Business/Quality Goals include registration to?

ISO 9001	QS 9000	TS 16949	Other	Registration Date:
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Scope:

If **Yes**, provide a copy of your

- Registration Certificate
- Organization Chart showing positions and lines of authority

And skip on to section 6.

If **No**, please advise whether or not you have a quality department.

Do you manufacture under any specific standards? If yes, please specify.

Do you have written policies and procedures for the following:

- Training Yes No
- Change management Yes No
- Deviations Yes No
- Corrective Actions Yes No
- Security Yes No
- Customer Complaints Yes No
- Safety Yes No

Will the company permit an audit of capabilities and above policies? Yes No

5. HEALTH AND SAFETY

Do you handle, use or store hazardous material and/or wastes? Yes No

If **YES**, please advise local standard followed:

Have there been any registered incidents filed with the local Workers Health and Safety? Yes No

Do you have a Health and Safety Committee with shop floor employee representation? Yes No

6. REFERENCES

Please provide the following information for three of your customers:

Customer:	Contact Person:	Phone:	FAX:	Email address /Web site
1.				
2.				
3.				

7. CERTIFICATION

I hereby declare that all information provided is accurate and true. I have been granted signing authority on behalf of the company.

Signature:

Date:

Position: