

PROXES GROUP SUPPLIER QUESTIONNAIRE

COMPANY DATA			
Supplier			
Homepage			
Headquarter (City, Country)			
Founding Year			
Number of employees			
Language (please tick the options)	<input type="checkbox"/> German	<input type="checkbox"/> English	Further:
Contact person			
Sales			
Engineering			
QM			
Further?			
Manufacturing locations (City, Country)			
Cooperations			
BUSINESS RELATED DATA			
Currency basis			
Revenue in Mio.€	last year:	actual year:	
Food processing industry known	<input type="checkbox"/> yes	<input type="checkbox"/> no	
Pharma & health care industry known	<input type="checkbox"/> yes	<input type="checkbox"/> no	
Insurances	available		
Business interruption insurance		not available	coverage (T€)
Product liability insurance			
Business liability insurance			
Terms of payment	<input type="checkbox"/> 30 days net <input type="checkbox"/> 30 days 3%, 60 days net <input type="checkbox"/> 60 days (preferred)		
Delivery conditions	<input type="checkbox"/> DDP (preferred) <input type="checkbox"/> FCA <input type="checkbox"/> EXW		
Possible general contracts	<input type="checkbox"/> General frame contract <input type="checkbox"/> NDA		

QUALITY MANAGEMENT SYSTEM	
Process optimization (inhouse & proactively with the customer)	<input type="checkbox"/> yes <input type="checkbox"/> no
Certificates	<input type="checkbox"/> DIN / ISO 9001 <input type="checkbox"/> Welding, which: <input type="checkbox"/> ADW 2000 <input type="checkbox"/> Raw materials <input type="checkbox"/> ASME Further:
Key customer references	
Complaints processing in place (please describe procedure)	
Current complaint rate	
On time delivery to customers measured internally	<input type="checkbox"/> yes current on time delivery rate (full year): <input type="checkbox"/> no
International shipping experience	<input type="checkbox"/> yes <input type="checkbox"/> no
FURTHER INFORMATION	
Digital dispatch and receiving of orders and order confirmations	<input type="checkbox"/> yes <input type="checkbox"/> no
Submitted documents	<input type="checkbox"/> Organisation chart <input type="checkbox"/> Company presentation <input type="checkbox"/> Service overview <input type="checkbox"/> Max. dimensions <input type="checkbox"/> Machine list
Further information	<input type="checkbox"/> Certificate of origin <input type="checkbox"/> Supplier long term agreement / supplier declaration

Please send this questionnaire and other relevant documents to: sourcing@proxes.com

Many thanks! Your ProXES Team