

# Truck-Lite Co., Inc. Supplier Profile

Truck-Lite Use Only
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## Section I – General Information

Company Name \_\_\_\_\_  
 Trade Name (DBA) \_\_\_\_\_  
 Address: Street \_\_\_\_\_  
                   City \_\_\_\_\_ State \_\_\_\_\_  
 Telephone # \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

PO Box \_\_\_\_\_  
 Zip Code \_\_\_\_\_ Country \_\_\_\_\_  
 Fax # \_\_\_\_\_  
 Web Address \_\_\_\_\_

Manufacturer   
 Distributor   
 (Please Check One)

Federal Tax ID #: \_\_\_\_\_  
 D & B (DUNS) #: \_\_\_\_\_  
 NACIS Code(s): \_\_\_\_\_  
 Payment Terms: \_\_\_\_\_

**Please check all applicable and provide detail to questions below. (BOXED AREA APPLIES TO USA ONLY)**

Small Business?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>**If "No," please skip to section outside of boxed area.**</b>	
Small Disadvantaged Bus.?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Entrance Date _____	Exit Date _____
HUBZone Small Business?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Entrance Date _____	Exit Date _____
8 (a) Certification?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Entrance Date _____	Exit Date _____
Minority Owned?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Code: _____	(Please check all applicable below)
Woman Owned?	<input type="checkbox"/>		Veteran Owned?	<input type="checkbox"/>
			Service Disabled Vet. Owned?	<input type="checkbox"/>

Has organization been listed on EPLS (Excluded Parties List System)? Yes  No  Reason \_\_\_\_\_  
 Is organization owned by a government of a terrorist country? Yes  No  Country Code \_\_\_\_\_  
 Does organization supply the US Defense Industry? Yes  No  Cage Code: \_\_\_\_\_  
 Does organization supply the Automotive Markets? Yes  No   
 Does organization supply the Transportation/Truck Market? Yes  No   
 Does organization have an Equal Employment Policy Statement? Yes  No

## Section II – Personnel Information

Principal(s): (Name, Title) \_\_\_\_\_

Position	Name	Phone #	E-mail Address
President			
Sales Manager			
Sales Representative			
Customer Service Rep.			
Customer Service			
Quality			
Quality Manager			
NAFTA Contact			
Accounts Receivable			

## Section III – Background Information

### Typical Lead Times:

Quotes: \_\_\_\_\_  
 Tooling: \_\_\_\_\_  
 PPAP Requests: \_\_\_\_\_

**Income For current and the last three years**

Year	Total Sales (\$)
Current	

**Key Customers**

Customer Name	Contact Name	Phone #	Percent of Sales	Delivery Performance
			%	%
			%	%
			%	%
			%	%

**Key Suppliers**

Supplier Name	Country	Product/Service

**Insurance**

What type of insurance coverage does your organization have?

<u>Insurance Type</u>	<u>Amount of Coverage</u>	<u>Provider</u>
Product Liability	_____	_____
Property & Casualty	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____

What is your preference for receiving purchase orders?

- Fax Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 EDI

What EDI platform(s) are you currently using? \_\_\_\_\_

**Section IV - Quality System**

1) Are you currently TS16949 and/or ISO 9001 certified? Yes  No

**If yes, please attach a copy of your current certification certificate(s).**

If no, list:

- i Currently pursuing or do have plans to pursue any certification? \_\_\_\_\_  
 ii Certification standards being pursued? \_\_\_\_\_  
 iii Anticipated completion date: \_\_\_\_\_

2) Are you currently ISO 14001 Certified? Yes  No

**If yes, please attach a copy of your current certification certificate(s).**

3) Please list any other certifications your company may have: \_\_\_\_\_

**This concludes this survey. Thank you for your timely response. If you have any questions, please feel free to call us at (716) 665-6214 or Fax us at (716) 661-1108.**

**Please return this survey by fax or email to originator. Please include the following when returning this survey:**

- **Company organization chart**
- **Equipment list**

**Thank you**

**Section V - For Truck-Lite Co., Inc. Use Only**

Commodity Class: \_\_\_\_\_

\_\_\_\_\_  
Buyer:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Material Engineer (if new supplier):

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Purchasing (if new supplier):

\_\_\_\_\_  
Date

*Updated in the System By:*

\_\_\_\_\_  
Date

(To be assigned by Purchasing Manager)

Current Supplier Delivery Performance: \_\_\_\_\_

Truck-Lite Yearly \$ Volume: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Estimated Freight %: \_\_\_\_\_ 0%, 2%, 5%, 10%, 15%, 20%, 25%

Payment Terms: \_\_\_\_\_

Truck-Lite Terms and Conditions Signed? Yes  No

ITAR/EAR Compliance Form Signed? Yes  No

Truck-Lite Packaging Guidelines Reviewed? Yes  No

EPLS Checked? Yes  No

Country Checked? (Not USA) Yes  No