



**SUPPLIER SURVEY REPORT**

Completed By: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_ Subsidiary: \_\_\_\_\_

Address: \_\_\_\_\_ P.O. Box: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Minority / Woman Owned Business  Yes  No

**PERSONNEL**

President or General Manager: \_\_\_\_\_

Vice President or Responsible Individual reporting to above: \_\_\_\_\_

***Name of Managers / Phone Numbers***

**Quality Control:** \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Product Development:** \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Engineering:** \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Sales:** \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Mfg. Operations:** \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Quality:** \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Detroit Area Representative:** \_\_\_\_\_ Phone: \_\_\_\_\_

**Number of employees - Direct:** \_\_\_\_\_

**Number of employees - Indirect:** \_\_\_\_\_

**Total Number of employees \* :** \_\_\_\_\_

\* If multiple facilities, please provide for each location.

## GENERAL INFORMATION

Specifically, what products or services do you furnish? (Catalogs may be substituted here)

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Do you supply any of Letica's competitors?

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List any customer awards or industry awards your company has achieved.

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What is you company's annual sales volume in U.S. Dollars? \_\_\_\_\_

Does you company have warehousing facilities?  Yes  No

If yes, where? \_\_\_\_\_

Does your company have a formal productivity improvement / cost reduction program?  Yes

If yes, what kind? \_\_\_\_\_

Do you practice Value Analysis?  Yes  No

If yes, what type? \_\_\_\_\_

## MANUFACTURING

**Plant(s) Size:** \_\_\_\_\_ **Manufacturing Space:** \_\_\_\_\_

**Warehouse Space:** \_\_\_\_\_ **Current Plant(s) Utilization:** \_\_\_\_\_

**Office Space:** \_\_\_\_\_ **Days/Hours/Shifts of Operation:** \_\_\_\_\_

Do you have an MRP or ERP system?  Yes  No

Do you have EDI?  Yes  No

What procedures does your company have to track delivery performance?

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What procedures does your company have to track quality performance?

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What procedures does your company use to meet your customer's requirements, i.e., cost reductions, specific reviews, packaging reviews, etc.?

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Types of work typically subcontracted:

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Do you have a scheduled maintenance program for tooling and equipment? (If so, please explain.)

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**ENGINEERING SUPPORT**

How are engineering changes handled?

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Does your Engineering group have CAD capability? Yes No

What system are you using? \_\_\_\_\_

How many workstations? \_\_\_\_\_ Number of trained operators: \_\_\_\_\_

Do you have solid modeling capability? Yes No

What system(s) are used? \_\_\_\_\_

What is your website address? \_\_\_\_\_

**LABOR RELATIONS**

Shop Union: Yes No If Yes, Name: \_\_\_\_\_

Office Union: Yes No If Yes, Name: \_\_\_\_\_

Expiration Date(s) of Union Contracts: \_\_\_\_\_

History of strikes, work stoppages or negotiation problems? (If yes, please explain)

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Are you in compliance with E.E.O.C. Regulations? Yes No

Is your company a federal contractor? Yes No

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## CORPORATE INFORMATION

Proprietorship  Partnership  Corporation  Public  Private

When was the Organization Established? \_\_\_\_\_

Business Reference:	Company	Address	Phone

## TRANSPORTATION / LOGISTICS

Do you operate your own trucks for delivery to customers?  Yes  No

Days on Hand - Raw Materials \_\_\_\_\_

Days on Hand - Finished Goods? \_\_\_\_\_

Finished goods warehouse location(s) \_\_\_\_\_

**SUMMARY**

Attachments Included:

Brochures:  Yes  No

List of Equipment & Tooling:  Yes  No

List of Test & Inspection Equipment:  Yes  No

Organization Chart:  Yes  No

Quality Control Manual:  Yes  No

Accreditations / Certifications (include expiration dates): \_\_\_\_\_

Licensed:  Yes  No  
If Yes, attach certificate.

Insured:  Yes  No  
If Yes, attach certificate.

Bonded:  Yes  No  
If Yes, attach certificate.

List additional capabilities of supplier and how becoming a supplier to Letica Corporation fits your business strategy

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Supplier must submit in writing any actual or potential conflict of interest with Letica Corporation and/or its Associates. Failure to properly disclose this information to Letica's Corporate Office may result in lost business, and/or may impact decision on current/future business. List names below:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Completed By:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Supplier Name: \_\_\_\_\_

C  S  A  L

H  M  L

W-9 Form

Supplier Maintenance Form

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

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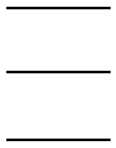
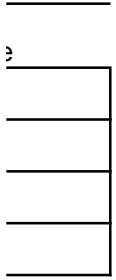
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