



Title: Supplier Assessment Questionnaire and Capability

Supplier Profile

Company Name:		Duns Number:	#Yrs w/Present Co. Name:
Street Address (Headquarters):		City:	
State and Zip:	Country:	Internet Address:	
Former Company Names (if any):		Subsidiary or Division of (if applicable):	
Supplier Year Established:		Phone and Fax Number	

Primary Business Activity(s)

Company Type

<input type="checkbox"/> Distributor	<input type="checkbox"/> Corporation
<input type="checkbox"/> Service Provider	<input type="checkbox"/> Partnership
<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> Other - Specify: _____	<input type="checkbox"/> Other - Specify: _____

Business Class

Large Business (*Sales > \$10M*) Non Profit/Educational

Small Business / SBA Registered (If small business indicate type below)

Small Business Classification

Small Disadvantaged Women-Owned HUBZone

Veteran Owned Service-Disabled Veteran-Owned

If Small Disadvantaged Business (*Check all that apply*)

SBA Certified 8A

Native American (*Includes American Indians, Eskimos, Aleuts, or Native Hawaiians*)

Historically Black College-University/Minority Institution (HBCU/MI)



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Facility Assessment *(in sq. ft.)*

Number of Buildings:		Property Area:	
Office Area:		Mfg. Area	
Warehouse Area:		Shipping/Receiving Area:	
Owner:			
Tenant:			

Personnel Information

Total Number of Employees: _____

Please provide Number of Employees within each classification as requested:

Direct:		Salaried:	
Hourly:		Temporary:	

Within each discipline:

Administrative:		Manufacturing:	
R&D:		Engineering:	
Quality:		Distribution:	
Procurement:		Materials:	
Other:		Specify:	

Is your facility or operations under Union Representation? Yes No

If yes, please provide the following:

Union Affiliation	Contract Exp. Date

Special Skills, Processes or Trade Patents :

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Principle products managed by your company :

Manufactured:	
Serviced:	
Distributed:	



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Capacity Assessment

Type of Manufacturing and/or Distribution: _____

Main Plant Capacity Utilized (if applicable): _____%

Main Distribution Capacity Utilized (if applicable): _____%

Additional Available Capacity (if applicable):

Facility Type Mfg Dist Current Utilization _____%

Facility Type Mfg Dist Current Utilization _____%

Facility Type Mfg Dist Current Utilization _____%

Facility Type Mfg Dist Current Utilization _____%

% of your total business activities related to CKDI: _____%

Do you have Drop Ship capabilities? Yes No

If yes, can you Drop Ship internationally? Yes No

What country(s) do you currently Drop Ship to? (please list with lead-times):

Do you utilize Lean Manufacturing Principles? Yes Partial No N/A

Kanban for Material Management? Yes Partial No N/A

Do you have a system in place to meet our Just-In-Time (JIT)/Pull System Demand?

Yes Partial No N/A

What is your current inventory turn? _____

What is your longest lead time material for CKDI? _____

Which supplier has your longest lead time? _____

How much material do you maintain for business (in months)? _____



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List of Processes and Applications

	Check the following processes you are qualified to perform:	✓	# of Equip. owned:	Applications
A	Anodizing			
B	Assembly			
C	Brazing			
D	Cleaning			
E	Coating			
F	Electro Polish			
G	Forming			
H	Heat Treatment			
I	Injection Molding			
J	Machining			
K	Packaging			
L	Passivation			
M	Plating, Chrome			
N	Sterilization			
O	Tumbling			
P	Welding			
Q	Other			
R	Other			
S	Other			
T	Other			



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List of Processes and Applications (con't)

If more space is required to add additional qualified processes, please add them on a separate document.

State of the art equipment: _____

Additional Comments: _____

Federal and related

Federal and related			
I	510K Number(s):		
II	FDA Registration?	Y / N	#:
III	Federal Approvals		

Tax Information

- Corporation (U.S. suppliers required to complete the attached IRS Form W-9)
- Self-Employed (provide U.S. Social Security number with the exact legal name for IRS 1099 purposes)

SSN/Fed Tax ID/TIN/FEIN: _____

Sales Tax:

- State/provincial tax **will be** charged.
- State/provincial tax **will not be** charged.



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Bank Information

U.S. Suppliers

Bank Name:			
City & State:			
Phone #:		Fax #:	
ABA Routing #:		Bank Account #:	
Web Address:		Email:	

For International Suppliers Only

Bank Name:			
Country:			
Phone #:		Fax #:	
Bank #:		Bank Transit #:	
Web Address:		Email:	
European Banks Only	IBAN #:		



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W-9 Form

W-9

Please provide W-9 information and return with supplier packet:

Form W-9 (Rev. November 2005) Request for Taxpayer Identification Number and Certification. Includes fields for Name, Business name, Address, City, state, and ZIP code, and List account number(s).

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3. Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Grid for Social security number and Employer identification number.

Part II Certification

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here Signature of U.S. person Date

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-5(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,



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Insurance Information

Product Liability Insurance Information

Company Supplying your Insurance: _____

Amount of Insurance: _____

Expiration Date: _____

Does this Insurance carry a Vendor's Endorsement which will protect the interests of all customers who use or sell your product? Yes No

Certifications/Quality System

Are you ISO registered? Yes No

If yes, please enclose a copy of your certificate or provide your certificate number

Certificate Number _____

If no, Do you have a quality system in place per ISO Standard? Yes No

Do you have full Inspection Capability? Yes No

Do you operate under the FDA's Quality System Regulation program? Yes No

If yes, please provide a copy of your FDA Registration document or provide your FDA Registration number here _____.

Supplier Questionnaire *(please see attached documents)*

Your Critical Suppliers:

Please list your top 5 critical (main) suppliers for raw materials used in the manufacture of goods furnished to CKDI. Please provide whether they notify you, or you require notification when there is a change in their manufacturing processes or procurement activities.

Name:	Location:	Lead-time:	Notification:
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Comments: _____



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Contact Information

Discipline/Name	Email Address	Phone/Ext.	Fax
President/CEO			
Plant/Production Mgr			
Customer Service			
Quality Assurance			
Sales/Pricing			
Engineering			
Claims>Returns			
Accounts Receivable			
Other (if applicable)			

Please provide any alternate billing, ship to, etc., addresses on a separate document.

Supplier Acknowledgement

By signing below you attest to agreeing to the accuracy of the information presented on behalf of your company.

Please return the completed packet to:

**CK Dental Management
1407 N. Batavia, Suite #110
Orange, CA 92867**

Name	Title	Signature	Date