

SUPPLIER/SUB CONTRACTOR ASSESSMENT

Part A - General

(i) **Supplier/Sub Contractor Name:**

Address:

Postcode

Postcode

Telephone Number:

Fax Number:

General Email address:/Web Site

Company Reg No / VAT Number

Reg No	VAT No
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Bank Details for Payments

Bank Name	Sort Code
A/C Name	A/C Number

(ii) **Contact Points**

Sales Manager / Representative

Name	Tel/Fax
Mobile	EMail

Quality Manager

Name	Tel/Fax
Mobile	EMail

Accounts Contact

Name	Tel/Fax
Mobile	EMail

Warehouse Contact
Any other relevant person

Name	Tel/Fax
Mobile	EMail

(iii) **Product/Service Supplied**
(i.e. tube/flat – stainless/mild
size range, special offerings i.e.
Hardox, Raex types

Part A - Quality

(iv) Is your organisation accredited to a National Quality Standard? (for example ISO9001) Yes No
(Tick as appropriate)

If yes please forward a copy.

(v) If yes please state the following:

Name of Accreditation Body

Certificate Number

Expiry Date

(vi) Do you have an environmental policy? Yes No
(Tick as appropriate)

If yes please forward a copy.

(vii) Are you willing to allow a Laser Cutting Representative/or Customer to carry out an audit of your systems? Yes No
(Tick as appropriate)

(viii) Name of person completing form

.....

Signed

.....

Print Name

.....

Dated

If the answer to Part A Question (iv) is yes please disregard Part B.

For Laser Cutting payments and deliveries call Darren Morris on 0845 337 3173 or alternatively for deliveries mail us on goodsinward@lasercutting.co.uk

SUPPLIER/SUB CONTRACTOR ASSESSMENT

Part B - Systems

(i) Do you intend to seek accreditation to a National Quality Standard? (delete as necessary) Yes No

(ii) If yes please indicate anticipated date of registration. ___/___/___

(iii) Do you have a documented quality system? (delete as necessary) Yes No

(iv) Have you an employee responsible for ensuring that quality requirements are met? (delete as necessary) Yes No

(v) How are customers orders/specifications controlled?

(vii) Can you provide full batch/order traceability? Yes No (delete as necessary)

(viii) Name of person completing form
..... Signed Print
Dated.....

Please e-mail or fax the form back to us purchasing@lasercutting.co.uk or fax 0114 337 3172 thank you – we appreciate it

For Laser Cutting Office use only

Credit Limit _____

Credit Terms _____

Approved By _____

Entered to system _____