

SUPPLIER QUALIFICATION QUESTIONNAIRE

For Outside Processors & Manufacturers

Your participation in completing this questionnaire is the first step in XMD's Supplier Certification Program

Please return this Questionnaire with requested documents within 48 hours to: purchasing@xeridien.com

A) COMPANY NAME: _____

B) TYPE OF BUSINESS: Outside Processor Manufacturer

C) COMPANY OWNERSHIP: Public Private

D) PRIMARY PRODUCT OR SERVICE: _____

E) QUALIFICATION QUESTIONNAIRE:

- 1 Please provide proof of financial stability (i.e. financial statements, current year projected / YTD revenue & net income) and 3 credit references.
- 2 TAX ID #: _____ Attach copy of your W-9 Credit Terms: Net30 Net60
- 3 Do you have adequate insurance coverage for business interruption and product liability? Yes No
If yes, please fax or email a copy of your certificate of insurance.
- 4 Are you ISO certified? Yes No If yes, please provide a copy of your ISO certificate.
- 5 Are you FDA Registered? Yes No If yes, please provide a copy of your FDA registration.
- 6 In case of disaster do you have a business continuity plan? Yes No Please provide summary.
- 7 Do you have a Quality Manual? Yes No If yes please provide a copy of the Table of Contents
If no, when do you plan on having one available? _____
- 8 Do you have a Document Control system? Yes No
- 9 Do you provide the following Certificates?
a) Compliance: Yes No b) Analysis: Yes No c) Material: Yes No
- 10 Do you have a Corrective Action System?
a) Internal: Yes No b) Suppliers: Yes No c) Customers: Yes No
- 11 Do you have procedures in place that ensure product traceability? Yes No
- 12 Do you communicate process and/or material changes to your customers? Yes No
How? _____
- 13 Does your company have an MRP system? Yes No Name: _____
- 14 Do you have a supplier evaluation program? Yes No Please provide evidence.
- 15 What is your Standard Lead Time? _____ Days
- 16 What is your On Time Delivery? _____ % Attach On Time Delivery metric system.
- 17 What level of your available capacity are you currently using? _____ %
- 18 Do you provide technical / engineering support? Yes No Total number of employees: _____
Total direct labor employees: _____ How many employees to provide technical support? _____
- 19 How competitive is your product cost within the industry? Highly Average Low
- 20 Does the quoted product align with your core technical competency? Yes No

F) PLEASE PROVIDE A COPY OF YOUR ORGANIZATIONAL CHART AND COMPLETE THE FOLLOWING

FIELDS AS APPLICABLE:

CEO:	_____	PHONE:	_____	EMAIL:	_____
PRESIDENT:	_____	PHONE:	_____	EMAIL:	_____
Q.A. / Q.C.:	_____	PHONE:	_____	EMAIL:	_____
SALES:	_____	PHONE:	_____	EMAIL:	_____
CUST. SERVICE:	_____	PHONE:	_____	EMAIL:	_____
MFG. ENG:	_____	PHONE:	_____	EMAIL:	_____
R & D:	_____	PHONE:	_____	EMAIL:	_____
PRODUCTION:	_____	PHONE:	_____	EMAIL:	_____

G) PLEASE PROVIDE PAYMENT REMITTANCE ADDRESS:

H) NAME AND TITLE OF PERSON RESPONDING TO THE QUESTIONNAIRE:

NAME: _____ TITLE: _____

DATE: _____