

INCOMPLETE SURVEYS MAY RESULT IN VENDOR DISQUALIFICATION

IMPORTANT! Please include a copy of your IRS Form W-9 and any applicable certifications with this survey

Primary Address		REMIT PAYMENT ADDRESS (If different from primary)				
Legal Business Name:		Dba Name:				
Street:		Street:				
City/State/Zip:		City/State/Zip:				
Point of Contact Name:		Accounting Point of Contact Name:				
Title:		Title:				
Email:		Email:				
Phone:		Phone:				
Fax:		Fax:				
Quality Point of Contact Name:		Email:				
Cage Code:		DUNS:			ITAR Registered: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Payment Terms: <input type="checkbox"/> Net Terms: _____ <input type="checkbox"/> COD <input type="checkbox"/> Credit Card <input type="checkbox"/> In Advance: _____ <input type="checkbox"/> Other: _____						
Total # of employees:	Full-Time:	Part-Time:	Management:	Sales:	Quality/Inspection:	Other:
Supplier Type:						
<input type="checkbox"/> OCM/OEM <input type="checkbox"/> Authorized Distributor <input type="checkbox"/> E-commerce Company <input type="checkbox"/> Certified Remanufacture/Repair Facility <input type="checkbox"/> Independent Distributor <input type="checkbox"/> Other (not listed): _____ <input type="checkbox"/> Service Company <input type="checkbox"/> Hybrid Distributor (Authorized and Independent)						
Can you provide a copy of or link to your standard terms and conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Do you warranty your products? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how long? _____						
What is your return policy? _____						
Are you affiliated with, or members of, any industry or trade groups (GIDEP, ERAI, IDEA, etc.)?						
<input type="checkbox"/> Yes <input type="checkbox"/> No						
List: _____						
Are you certified to any QMS/International standards (ISO 9001, AS9100, ISO 13485, ISO/TS16949, ANSI/ESD S20.20, etc.)?						
<input type="checkbox"/> Yes <input type="checkbox"/> No List: _____						
Do you have a documented counterfeit mitigation/avoidance plan? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, is it compliant/certified to any standard such as AS5553, AS6081 or AS6174 <input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, which one? _____ (if certified, please provide copy of certification)						

IF YOU INDICATED YOU ARE CERTIFIED TO A QMS/INTERNATIONAL STANDARD ABOVE, YOU DO NOT NEED TO COMPLETE THE REMAINDER OF THIS SURVEY. PLEASE SKIP TO THE SIGNATURE PAGE AND ATTACH A COPY OF YOUR CERTIFICATION/S AND YOUR W-9 TO YOUR RESPONSE.

Quality Survey	
Do you have a documented Quality Manual:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have documented procedures for:	
Inspection/Measurement/Test <input type="checkbox"/> Yes <input type="checkbox"/> No	Corrective Action <input type="checkbox"/> Yes <input type="checkbox"/> No
Calibration <input type="checkbox"/> Yes <input type="checkbox"/> No	Contract Review <input type="checkbox"/> Yes <input type="checkbox"/> No
Non-conforming Product <input type="checkbox"/> Yes <input type="checkbox"/> No	Document Control <input type="checkbox"/> Yes <input type="checkbox"/> No
Training <input type="checkbox"/> Yes <input type="checkbox"/> No	Handling/Storage/Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No
Design Control <input type="checkbox"/> Yes <input type="checkbox"/> No	Internal Audits <input type="checkbox"/> Yes <input type="checkbox"/> No
Process Control <input type="checkbox"/> Yes <input type="checkbox"/> No	Management Review <input type="checkbox"/> Yes <input type="checkbox"/> No
Is your facility (including product storage/handling areas) climate controlled? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you ensure product is separated (non-conforming, RoHS, new, over-hauled, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have an approved supplier List? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you flow down customer purchase order requirements to your sub tier suppliers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will Certificates of Conformance be included with each shipment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you maintain manufacturer's certifications, traceability documentation, test and inspection data, etc..? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for how long? _____	
Are you able to meet specific product requirements (Date Codes, Packaging, Manufacturer, etc..) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Briefly describe any steps taken to verify the quality of product prior to shipment to the customer: 	
Comments (any additional information we should know): 	
NAC Group, Inc. reserves the right to verify information provided. All information will be treated in confidence	

Please indicate which documentation is being supplied with this survey:	
W-9	<input type="checkbox"/> Yes <input type="checkbox"/> No
Terms and Conditions	<input type="checkbox"/> Yes <input type="checkbox"/> No
Copies of Quality System Certifications	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>CERTIFICATION: As an authorized representative of the company, I certify that to the best of my knowledge and belief, the above information is accurate, complete, and current as of the date shown below.</p>	
_____	_____
Name	Title
_____	_____
Signature	Date
<p>Please return completed form and attachments to survey@nacsemi.com</p>	
<p>Questions? Please contact survey@nacsemi.com</p>	

For internal use by NAC Group, Inc.								
W-9 Included	<input type="checkbox"/> Yes	<input type="checkbox"/> No	T&C's Included	<input type="checkbox"/> Yes	<input type="checkbox"/> No	QMS Certification	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Supplier Classification:	<input type="checkbox"/> 1C	<input type="checkbox"/> 2C	<input type="checkbox"/> 3C	<input type="checkbox"/> 4C	<input type="checkbox"/> 5C	<input type="checkbox"/> 6C	<input type="checkbox"/> 7C	<input type="checkbox"/> 8C
Supplier Qualifications:	<input type="checkbox"/> 1Q	<input type="checkbox"/> 2Q	<input type="checkbox"/> 3Q	<input type="checkbox"/> 4Q	<input type="checkbox"/> 5Q	<input type="checkbox"/> 6Q	<input type="checkbox"/> 7Q	
Supplier Grade:	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> F	<input type="checkbox"/> S		
Recommendation: <input type="checkbox"/> Approved <input type="checkbox"/> Unapproved <input type="checkbox"/> Conditional Approval								
Conditional Approval Comments: 								
Reviewed By: 								
Name:			Title:			Date:		