



9/22/2022

Supplier Questionnaire Training

creation
TECHNOLOGIES



Supplier Questionnaire

COMPLETION OF THE QUESTIONNAIRE IS REQUIRED FOR CONSIDERATION, EVALUATION AND DEVELOPMENT OF A CREATION TECHNOLOGIES SUPPLIER.

- The supplier is required to answer each required field as directed in the questionnaire.

If information is proprietary or not applicable it should be noted as such.

- Comments fields should be filled in with supporting information as appropriate.
- The Questionnaire is divided into eight sections.

1. SUPPLIER INFORMANTION
2. FACILITIES
3. OPERATIONS CAPACITY
4. FINANCIALS
5. COMMERCIAL
6. NEW PRODUCT INTRODUCTION
7. QUALITY SYSTEM
8. DISTRIBUTOR/BROKER INFORMATION



Supplier Questionnaire – Section 1

1. SUPPLIER INFORMATION

The supplier fills in company information and contact information.

1.0 SUPPLIER INFORMATION

Company Type <input type="checkbox"/> Manufacturer <input type="checkbox"/> Supplier <input type="checkbox"/> Distributor <input type="checkbox"/> Services			
Date Completed []		Completed By: []	
Company Name: []			Phone: []
Street Address: []			Fax: []
City, State, Province, Country, Mailing Code: []			
Type of Organization (sole owner, partnership, corporation, subsidiary): []		[]	
Website: []		[]	
Affiliations / Subsidiaries: []		[]	
Sales Contact for Creation: []		Title: []	Phone Number: []
E-Mail Address: []			
Quality Contact for Creation: []		Title: []	Phone Number: []
E-Mail Address: []			
Dedicated Account Manager for Creation? <input type="checkbox"/> Yes <input type="checkbox"/> No		Title: []	Phone Number: []
E-Mail Address: []			



Supplier Questionnaire – Sections 2 & 3

2. FACILITIES

The supplier enters facilities information.

2.0 FACILITIES:

Plant Area:	# of Buildings:	Primary Product / Commodity or Service:
<input type="text"/> <input type="checkbox"/> Sq. Feet <input type="checkbox"/> Sq. Meters	<input type="text"/>	<input type="text"/>

3. OPERATIONS CAPACITY

The supplier will enter production capacity information.

3.0 OPERATIONS CAPACITY:

Number of Employees:	<input type="text"/>	Is workforce unionized?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Shifts:	<input type="text"/>		
Hours per Day:	<input type="text"/>		
Days per Week:	<input type="text"/>		
Overall Capacity (%):	<input type="text"/>		

► Creation may request a DETAILED Manufacturing Equipment and Process List which may include a detailed inspection equipment list.



Supplier Questionnaire – Section 4

4. FINANCIALS

The supplier will enter financial information including payment terms, ownership status, revenue percentages, and shipment terms.

4.0 FINANCIALS:

Indicate your company's ownership status: Publicly held company Privately held company

Indicate company's Financial D&B (or equivalent financial strength ratio):

Financial			Shipping					
Payment Terms: Min NET 60	<input type="text"/>		Freight Terms	<input type="checkbox"/> EXW	<input type="checkbox"/> DDP	<input type="checkbox"/> DAP	<input type="checkbox"/> FCA	<input type="checkbox"/> TBD
Invoice Currency	<input type="checkbox"/> USD	<input type="checkbox"/> CAD	<input type="checkbox"/> CNY	FOB	<input type="text"/>			
Payment Method	<input type="checkbox"/> Check	<input type="checkbox"/> Wire	<input type="checkbox"/> Clearing	Ship Via	<input type="text"/>			

Annual Sales Percentages:

Select the industry or industries serviced by your company:

<input type="checkbox"/> Commercial/Consumer Goods	<input type="checkbox"/> Industrial	<input type="checkbox"/> Aviation/Aerospace
<input type="checkbox"/> Medical	<input type="checkbox"/> Automotive	<input type="checkbox"/> Military



Supplier Questionnaire – Sections 5 & 6

Between Sections 4 and 5 there is a checkbox for suppliers that are Distributors. These suppliers will skip to Section 8 of the questionnaire.

Distributor/Broker: *If this box is checked skip to section 8.0 and complete.*

5. COMMERCIAL

The supplier answers questions about contracts and agreements.

5.0 COMMERCIAL:

Contracts and Agreements -	Yes	No	Comments
1. Do you provide direct contract pricing (based on annual quantity with multiple deliveries)?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Would your company enter into Long Term Agreements (LTA's)?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Would you company enter Vendor Managed Inventory Programs (VMI)?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Do you have any active Long-Term Agreements (LTA's)?	<input type="checkbox"/>	<input type="checkbox"/>	

6. NEW PRODUCT INTRODUCTION

The supplier answers questions about new product introduction support.

6.0 NEW PRODUCT INTRODUCTION:

Development Support -	Yes	No	Comments
1. Do you have new product development / launch / pilot-production capability?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Do you offer Engineering support for design, NPI, or ECN/PCN?	<input type="checkbox"/>	<input type="checkbox"/>	



Supplier Questionnaire – Section 7

7. QUALITY SYSTEM

QUALITY SYSTEMS covers the following:

- Supplier's certifications, regulatory compliance, and 3rd party audit questions.
- Production Part Approval Process (PPAP)
- Continuous Improvement
- Supplier Control and Management
- Manufacturing Control and Inspection
- Part Cleanliness and FOD Control (Foreign Object Debris/Damage)
- Special Process and Non-Destructive Testing
- Business Systems



Supplier Questionnaire – Section 7 cont.

7.0 QUALITY SYSTEM:

➤ Supplier shall provide a copy of applicable certification(s) including the certificate number by the registrar or certifying party.

Indicate Current Quality System Registration:	<input type="checkbox"/> ISO 9001	<input type="checkbox"/> ISO 13485	<input type="checkbox"/> Other(s), please specify: <input type="text"/>		
	<input type="checkbox"/> AS9100	<input type="checkbox"/> IATF 16949			
Certifying Registrar:	<input type="text"/>				
FDA Registration Number	<input type="text"/>				
Experience with supplying to Military	<input type="checkbox"/> ITAR	<input type="checkbox"/> CGD	<input type="checkbox"/> DFAR	<input type="checkbox"/> NADCAP	Other Certifications: <input type="text"/>
Product Sector(s)	<input type="checkbox"/> Consumer	<input type="checkbox"/> Medical	<input type="checkbox"/> Aerospace	<input type="checkbox"/> Automotive	Other: <input type="text"/>

Indicate the PPAP elements your organization has experience with (part of normal business process) and can provide, if requested:

Do you have Production Part Approval Process (PPAP) capabilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Comments: <input type="text"/>
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Do you have a Continuous Improvement Program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Comments: <input type="text"/>
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Do you have a Supplier Control and Management Process?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Comments: <input type="text"/>
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Do you have a Manufacturing Control and Inspection Process?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Comments: <input type="text"/>
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Do you have a Part Cleanliness / FOD Control (Foreign Object Debris/Damage) Program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Comments: <input type="text"/>
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Do you have Special Processes or Non-Destructive testing?	On-Site?	Subcontracted?
Comments: <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Business Systems -	Yes	No	Comments
1. Do you have experience using customer portals for planning, order confirmations, documentation uploads (engineering and quality) and visibility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
2. Have you visited the Creation Supplier Website? https://www.creationtech.com/suppliers/ Resources for supplier forms, training, communications, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>



Supplier Questionnaire – Section 8

8. DISTRIBUTOR/BROKER INFORMATION

A Distributor or Broker will enter information about supplier control, warehouses, support, services provided, counterfeit control, etc.

8.0 DISTRIBUTOR/BROKER INFORMATION:

Type(s) of Products and/or Product Categories	
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Which Authorized Franchised Manufacturers are supported?	
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Do you have a Supplier Control Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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Can you provide a C of C or C of A for parts if required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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Quality Representative Name:	
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Warehouse Locations:

City, State, Province, Country	Warehouse Size
	<input type="checkbox"/> Sq. Feet <input type="checkbox"/> Sq. Meters
	<input type="checkbox"/> Sq. Feet <input type="checkbox"/> Sq. Meters
	<input type="checkbox"/> Sq. Feet <input type="checkbox"/> Sq. Meters

Which Geographic locations can you support?			
<input type="checkbox"/> USA	<input type="checkbox"/> Canada	<input type="checkbox"/> Mexico	<input type="checkbox"/> Asia

Type of Service	Type of Value-Added Services			
<input type="checkbox"/> Authorized Seller ** Program**	<input type="checkbox"/> Kitting	<input type="checkbox"/> Cable Assembly	<input type="checkbox"/> Connector Assembly	<input type="checkbox"/> Mil Screening
<input type="checkbox"/> Independent Distributor / Dealer	<input type="checkbox"/> IC Programming	<input type="checkbox"/> Tape and Reel	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Broker	Value-Added Services Controlled by:			
<input type="checkbox"/> Other	<input type="checkbox"/> Internal Procedures	<input type="checkbox"/> Manufacturer Procedures		

Is your Storage Warehouse approved by the Defense Supply Center Columbus (DSCC)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
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Are your company's Counterfeit Controls compliant with AS5553?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
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Describe your Counterfeit/Fraudulent Product Controls (if applicable):	
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Does your company have active membership in GIDEP and issue advisories / alerts for suspected / confirmed counterfeit parts?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
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% of Sales that are MIL-SPEC components:	
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Supplier Questionnaire – Creation

- Creation will review the questionnaire for completeness upon return form the supplier. If the form is not complete, it will be returned to the supplier.
- The Creation Rep will select the Supplier Category.

To be completed by Creation Technologies			
Supplier Category / Classification	Category 1	<input type="checkbox"/>	Manufacturer – Custom
	Category 2	<input type="checkbox"/>	Distributor – Independent
		<input type="checkbox"/>	Manufacturer – Standard
		<input type="checkbox"/>	Distributor – Franchised
		<input type="checkbox"/>	Broker
	Category 3	<input type="checkbox"/>	Services – Production
	Category 4	<input type="checkbox"/>	Services – Logistics
		<input type="checkbox"/>	Services – Non-Production
<input type="checkbox"/>		Customer	
	<input type="checkbox"/>	Engineering/Prototype (not for production)	

- Local Supply Chain will review and provide the final approval.

Supply Chain Review and Approval				
Name	Title	Location	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Supplier Questionnaire Training Complete

Thank you

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