



# VENDOR SURVEY

Supplier Name:	<input type="text"/>	Phone	<input type="text"/>
Address:	<input type="text"/>	Fax	<input type="text"/>
Primary Contact:	<input type="text"/>	Website	<input type="text"/>
		Primary Email	<input type="text"/>

Business Start Date	<input type="text"/>	<b>1. Business Type:</b> <input type="checkbox"/> OEM <input type="checkbox"/> Franchise Distributor <input type="checkbox"/> Independent Distributor <input type="checkbox"/> CM <input type="checkbox"/> OEM EXCESS <input type="checkbox"/> Other _____
Tax ID#/EIN	<input type="text"/>	
NAICS/SIC	<input type="text"/>	

**3. Please identify your Scope(Select 1 or more if apply):**

A. Electronic Components    B. Computer Hardware    C. Aerospace Fasteners & Related Hardware  
 D. Raw Stock Materials    E. Avionics Equipment, Components, and Products    F. Electrical Devices & Wiring  
 G. Chemical Materials & Finishes    H. Non-Avionics, Non-Electrical Rotable Assemblies & Comp  
 I. Non-Avionics, Non-Electrical Non-Rotable parts & fittings    J. Structural Assemblies, Components & Parts  
 K. Consumables/Expendables    L. Aerospace Fluids    M. Service/Repair

**4. Do you have a formal quality system in place?**

YES    NO    IN PROCESS

**5. Do you have a Quality Management Representative?**

YES    NO

Name:

Email:

**6. Are you:**

ISO9001    CERTIFIED    COMPLIANT  
 AS9100/9120    CERTIFIED    COMPLIANT  
 ASA-100    CERTIFIED    COMPLIANT  
 TAC 2000    CERTIFIED    COMPLIANT  
 OTHER \_\_\_\_\_    CERTIFIED    COMPLIANT

Expiration Date: \_\_\_\_\_

**7. Are you:**   ESD20-20:2007    CERTIFIED    COMPLIANT

**8. Are you members of (Select 1 or more if apply):**

IDEA    ERAI    GIDEP    SMTA

Number of IDEA-ICE-3000 Certified Inspectors:

**9. Are controls in place to prevent the shipment of non-conforming, counterfeit, or suspect parts?**

YES    NO

**10. Briefly describe your inspection process:**

**Type of inspection equipment used:**

Microscope    XRF/RoHS    Decapsulation  
 Solderability    X-Ray    Caliper    Other \_\_\_\_\_

**11. Would you like to be added to our Daily Requirement List? (Daily email of requirements – See Daily Requirement List Info Sheet)**

YES    NO

**12. What are our terms with you?** \_\_\_\_\_

**Note:** If you are an International Vendor we only accept Net Terms and Escrow.

**13. Do you have a PO min? If yes, what is it?** \_\_\_\_\_

By my signature below I certify the information contained in this Questionnaire is true and accurate to the best of my knowledge. I agree to notify Direct Components if any of the information contained on this form should change.

_____ <b>Signature</b>	_____ <b>Name Printed</b>
_____ <b>Title</b>	_____ <b>Date</b>

\*\*\*\*Please return this survey within 10 days to [purchasing@directics.com](mailto:purchasing@directics.com) along with copies of any certifications.\*\*\*\*