**VENDOR QUALITY SURVEY**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ORGANIZATION INFORMATION | | | | | | | | | | | |
| ORGANIZATION NAME |  | | | | | | DBA (if applicable) | |  | | |
| FULL ADDRESS  (Including country) |  | | | | | | | | | | |
| PHONE |  | | | | FAX | | | |  | | |
| EMAIL |  | | | | BUSINESS START DATE | | | |  | | |
| WEBSITE |  | | | | BUSINESS TYPE | | | | Choose an item. | | |
| CAGE CODE/ SAM UEID |  | | | | TAX ID/EIN | | | |  | | |
| STANDARD LEAD TIME |  | | | | NAICS/SIC CODE(S) | | | |  | | |
| PO MIN |  | | | | PAYMENT TERMS Int’l Vendors: Net Terms or Escrow only | | | |  | | |
| RFQ/PO CONTACT NAME |  | | | | AR CONTACT NAME | | | |  | | |
| **RFQ/PO CONTACT EMAIL** |  | | | | **AR CONTACT EMAIL** | | | |  | | |
| **RFQ/PO CONTACT PHONE** |  | | | | **AR CONTACT PHONE** | | | |  | | |
| IF AUTHORIZED DISTRIBUTOR – PLEASE LIST MANUFACTURERS |  | | | | | | | | | | |
| 1. ARE YOU WILLING TO PROVIDE AN EXTRA 1 PC PER LOT FOR DESTRUCTIVE TESTING AT NO COST? | | | | | | | | | | | YES  NO |
| 1. ARE YOU WILLING TO OFFER FREE SHIPPING? | | | | | | | | | | | YES  NO |
| QUALITY SYSTEMS | | | | | | | | | | | |
| 1. Is there a contract review & final review process to ensure PO & Part requirements are met? | | | | | | | | | | YES  NO | |
| 1. Are you a member of (select 1 or more if apply) | | | IDEA | | | ERAI | | GIDEP | | | SMTA |
| QUALITY MANAGEMENT CONTACT NAME | |  | | PHONE | | | | |  | | |
| EMAIL | | | | |  | | |
| DOCUMENTED QUALITY MANAGEMENT SYSTEM  (i.e., QUALITY MANUAL) | | YES  NO  IN PROCESS | | IF IN PROCESS  DATE OF EXPECTED COMPLETION | | | | |  | | |
| IF CERTIFIED, COMPLETE TABLE BELOW FOR ALL CERTIFICATIONS HELD  (\*MUST PROVIDE COPY OF CERTIFICATION(S)) | | | | | | | |

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| --- | --- | --- | --- |
| CERTIFICATION | REGISTRAR | CERTIFICATE # | EXPIRATION |
|  |  |  |  |
|  |  |  |  |

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

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| COUNTERFEIT MITIGATION | | | | | | | | | |
| 1. Please check equipment/test performed during your standard inspection process, as applicable. | Microscope | Caliper | Decapsulation | XRF/RoHS | Electrical | Xray | | Solderability | Solvent Test |
| Other: |  | | | | | | | |
| 1. Is there a documented counterfeit mitigation plan or inspection procedure that identifies you have controls in place to prevent the shipment of non-conforming, suspect, fraudulent, or counterfeit parts?? | | | | | | | YES  NO | | |
| 1. Are you AS6081/AS5553 certified? | | | | | | | YES  NO | | |
| 1. Do you ensure nonconforming parts segregated from conforming parts? | | | | | | | YES  NO | | |
| **Nonconforming products require approval to ship.**  **All records must be retained for a period of 10 years from the date of order.** | | | | | | | | | |

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| TERMS & CONDITIONS | | | | | | |
| **A 1 YEAR WARRANTY is requested from all vendors, please advise in comment section below if you are unable to provide.**  **Direct Components Purchase Terms and Conditions & Code of Business Ethics, Conduct, and Sustainability are available on our Supplier download page** [**https://www.directics.com/download-center/suppliers/**](https://www.directics.com/download-center/suppliers/) | | | | | | |
| **Any additional information or comments can be provided below:** | | | | | | |
|  | | | | | | |
| **By my signature below I certify the information contained in this survey 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.** | | | | | | |
|  |  |  |  |  |  |  |
| NAME PRINTED |  | TITLE |  | DATE |  | SIGNATURE |