

Please fill out this document completely and send it within 5 days to the following e-mail address:
einkauf-serie@baer-cargolift.de

General Information	
Name and legal form:	
Address	Different invoice address
Street address:	Street address:
Postcode / location:	Postcode / location:
Country:	Country:
Homepage:	
Central-phone.:	Tax number:
Central-Fax:	VAT number.:

Company information	
Date of foundation:	Ownership structure:
Locations:	
Production sites:	
Sales per year:	previous year: Plan current year:
Field:	
Retailer <input type="radio"/> No <input type="radio"/> Yes share in %	Manufacturer <input type="radio"/> No <input type="radio"/> Yes share in %
Primary products (please attach catalogues and brochures):	
Reference customer:	

Facilities and process (manufacturer)
Manufacturing and processing procedure:
Production facilities:
Workload single / multiple shift:
Processing materials:
Possible surface coatings:

Certificate			
Existing certificates (please attach):	<input type="radio"/> quality	norm:	since:
	<input type="radio"/> environment	norm:	since:
	<input type="radio"/> other		

F7403002-06
Supplier Questionnaire



Product liability and warranty			
Does your company have product liability insurance?	<input type="radio"/> No	<input type="radio"/> Yes	
Extended product liability insurance?	<input type="radio"/> No	<input type="radio"/> Yes	
Type of product liability (please attach a copie):			
Sum insured:			
Assurance company:			
Callback cost recovery:	<input type="radio"/> No	<input type="radio"/> Yes	Height:
Warranty and guarantee period:			
Spare parts supply:	<input type="radio"/> No	<input type="radio"/> Yes	Years:

Delivery/ Payment				
Delivery options:	<input type="radio"/> consignment	<input type="radio"/> KANBAN	<input type="radio"/> Just in Time	<input type="radio"/> on demand
Incoterms:	<input type="radio"/> DDP			
Readiness terms of payment incl. cash discount regulation:				
Bank:	Account holder:			
Account number:	Bank code:			
IBAN:	BIC:			

Communication for enquiries/orders	
Name:	Function:
Telephone:	Fax:
Mobil:	E-Mail:
Language of communication:	

Contact persons		
Name:	Telephone/Mobil:	E-Mail:
General management:		
Sales management:		
Sales staff:		
Quality management:		
Quality staff:		
Production management:		
Order center:		
Accounting department:		

Place / date:

Filled in by (name/ function):

Attachement: product catalogue/brochures, product liability and certificates