



NEW SUPPLIER SURVEY

To: Perspective "New" Supplier

Please complete the attached "New Supplier" survey and return at your soonest convenience. Pearson Packaging Systems strives to upkeep customer satisfaction by maintaining strict qualification guidelines for Pearson Suppliers. This survey provides us with crucial company data that relates to our vendor selection criteria and provides us insight into your company's Quality Management System. This Vendor Qualification Process provides Suppliers the opportunity to continuously improve Pearson's Supply Chain in service, delivery, quality, and costs. A new supplier's capabilities are analyzed in order for us to best focus on our customers' success.

Thank you,
Supply Chain Management
Pearson Packaging Systems

**Section I
Company Background**

Company Name: _____
Items/Services Provided: _____
Address: _____
City/State: _____ Zip Code: _____
Phone: _____ Fax: _____ Webpage: _____
Primary Contact: _____ Email: _____
Number of Years in Business: _____ Number of Employees: _____

Payment Address (Remit To):
Name: _____
Address: _____
City/State: _____ Zip Code: _____

Check all that apply:
Privately Held Publicly Traded
Discount Invoice Terms: _____ FOB: _____ FCA _____

Type of Business:
 Manufacturer Retail Distributor
 Service Provider Printing Other _____

Primary Business Activity

Describe equipment and specialized processes. Attach any appropriate company profiles, brochures or other descriptions of capabilities.

2015 Company Revenue: _____

Union: Yes No If yes, please list the current contract expiration date: _____

Production Asset Utilization (%) _____

Facility size (sq. ft.): _____ Number of shifts: _____ Days per week: _____

Is this the primary location for manufacturing? Yes No

Are there other manufacturing locations? Yes No

Please provide a list of any additional manufacturing locations:

Address: _____

Phone: _____

Fax: _____

Key Contact _____

What is your standard manufacturing lead time? _____

Does the company outsource any work? _____ If yes, explain: _____

Section II

Complete if components are in Bill of Material / Job Parts List.

Quality Management System

Is the quality management system (QMS) currently registered to ISO, QS or other recognized standard?

Yes No

If yes, please list the following:

Standard Title: _____ Registrar: _____

Registration Date: _____ Registration No.: _____

List any other certifications: _____

1. Is the quality system defined and documented?

Yes No Explain: _____

2. Does the order-taking process follow a formal, documented process?

Yes No Explain: _____

Do you have defined inspection and testing activities for the receiving, in-process, and shipping areas?

Yes No Explain: _____

Is there a system to address actual or potential nonconformance to prevent their re-occurrence or occurrence?

Yes No Explain: _____

Is product handled, stored, packaged, preserved and delivered in order to ensure the protection of the product?

Yes No Explain: _____

Do you perform internal quality audits to monitor quality related activities?

Yes No Explain: _____

3. Are discounts offered for Volume purchases Early Payment Not offered
4. What is your warranty policy? _____
5. What are your inventory arrangements (i.e. local, regional warehouse)? _____
6. What is your delivery-freight policy? _____

7. Please provide 4 - 5 customer references:

1) Company: _____ Contact Name: _____
Address: _____
Phone: (_____) _____ Fax: (_____) _____
Type of Work: _____ Annual Contract Amount: _____
E-mail: _____

2) Company: _____ Contact Name: _____
Address: _____
Phone: (_____) _____ Fax: (_____) _____
Type of Work: _____ Annual Contract Amount: _____
E-mail: _____

3) Company: _____ Contact Name: _____
Address: _____
Phone: (_____) _____ Fax: (_____) _____
Type of Work: _____ Annual Contract Amount: _____
E-mail: _____

4) Company: _____ Contact Name: _____
Address: _____
Phone: (_____) _____ Fax: (_____) _____
Type of Work: _____ Annual Contract Amount: _____
E-mail: _____

5) Company: _____ Contact Name: _____
Address: _____
Phone: (_____) _____ Fax: (_____) _____
Type of Work: _____ Annual Contract Amount: _____
E-mail: _____

8. Please check only the states in which you are licensed & insured and consistently provide quotes & perform work in. If you only work in a portion of the state, provide a brief description of the region or territory of that state that you will work in (i.e. major cities, N.E. corner of state, etc).

Alabama	Louisiana	Oklahoma
Alaska	Maine	Oregon

Arizona	Maryland	Pennsylvania
Arkansas	Massachusetts	Rhode Island
California	Michigan	South Carolina
Colorado	Minnesota	South Dakota
Connecticut	Missouri	Tennessee
Delaware	Montana	Texas
Florida	Nebraska	Utah
Georgia	Nevada	Vermont
Hawaii	New Hampshire	Virginia
Idaho	New Jersey	Washington
Illinois	New Mexico	West Virginia
Indiana	New York	Wisconsin
Iowa	North Carolina	Wyoming
Kansas	North Dakota	
Kentucky	Ohio	

Out of country? Please specify: _____

9. List (3) Reference Projects:

1) Project Name: _____ Project Location: _____
 Start Date: _____ Completion Date: _____
 Briefly Describe Work Performed: _____

2) Project Name: _____ Project Location: _____
 Start Date: _____ Completion Date: _____
 Briefly Describe Work Performed: _____

3) Project Name: _____ Project Location: _____
 Start Date: _____ Completion Date: _____
 Briefly Describe Work Performed: _____

-----Return to Supply Chain Department-----

Approved: _____ Date: _____
 (Supply Chain)