



1725 North 600 West
 Logan, UT 84321
 P: (435) 792-4667 | F: (435) 787-8772
 www.ducworks.com

Supplier Survey

Date: _____

Company Information

Legal Name of Company: _____

D.B.A. Name: _____

Prior Business Name(s): _____

Website: _____ Materials/Services Provided: _____

Street Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Remit to Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Of Employees: _____ Date Established: _____ Federal ID: _____

Type Of Business: Manufacturer Wholesaler Distributer

Structure: LLC Corporation Partnership Sole Proprietorship

Contacts

References

Primary Contact: _____

Title: _____

Phone: _____

Email: _____

Company: _____

Contact / Title: _____

Phone: _____

Email: _____

Sales Contact: _____

Title: _____

Phone: _____

Email: _____

Company: _____

Contact / Title: _____

Phone: _____

Email: _____

Accounting Contact: _____

Title: _____

Phone: _____

Email: _____

Company: _____

Contact / Title: _____

Phone: _____

Email: _____

Business Classification

ISO 9001 _____ Exp. Date: _____

AS9100 _____ Exp. Date: _____

NADCAP _____ Exp. Date: _____

Other: _____

Counterfeit Materials Avoidance Policy?

Y N

If not certified, please answer the following:

Y N

AS9100 Compliant?

Quality Policy?

Risk Management Program?

Material/Mill Test Report?

Provide CofC (Cert. of Conformance/Compliance)?

Please attach certificate or documentation including certificate#, agency and expiration date.

Person Completing Form: _____

Signature: _____ Title: _____

Phone: _____ Email: _____