



# MARWOOD COMPANY PROFILE SUMMARY

**1.0**

## GENERAL INFORMATION

**COMPANY:** \_\_\_\_\_

**SUPPLIER**

**SUBCONTRACTOR**

**DIVISION OF:** \_\_\_\_\_

**PUBLIC**

**PRIVATE**

**ADDRESS:**

**SHIPPING ADDRESS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Shipping Hours: \_\_\_\_\_

Production Hours: \_\_\_\_\_

Main Products: \_\_\_\_\_

Main Customers: \_\_\_\_\_

# Of Employees: \_\_\_\_\_

Union Affiliation: \_\_\_\_\_

Annual Sales In \$ \_\_\_\_\_ CDN / US Funds

Contract Expiry Date: \_\_\_\_\_

% Marwood Business: \_\_\_\_\_

Ownership of Tools for Parts Supplied to Marwood? \_\_\_\_\_

Include a copy of your latest organizational chart.

**2.0**

## GENERAL CONTACTS

**Inside Sales:** \_\_\_\_\_

**Outside Sales:** \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Fax: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Quality Manager:** \_\_\_\_\_

**Plant Manager:** \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Fax: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

**AFTER HOURS:** Quality Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Contact: \_\_\_\_\_

Shipping Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Contact: \_\_\_\_\_

**3.0**

**PHONE NUMBERS FOR EMERGENCY CONTACT**

Quality Manager:	_____	Phone:	_____
Plant Manager:	_____	Phone:	_____
Shipping Name	_____	Phone:	_____
Alternate:	_____	Phone:	_____
Position:	_____		

**QUALITY INFORMATION**

**4.0**

Marwood Purchasing Department: Is this Supplier a **Direct Supplier**?  Yes  No

(Non-Direct suppliers are not required to complete any portion of Section 4)

**Direct Suppliers must complete**

- Section 4.1 if registered to ISO 9000 or TS 16949
- Section 4.2 if **NOT** registered to ISO 9000 or TS 16949

**4.1**

**Registered Suppliers:**

To Which Quality Standard are you registered? (Check Applicable Standards)

ISO 9000     TS 16949     ISO 14001

Others: \_\_\_\_\_

Include a copy of current Registration Certificates.

**4.2**

**Non-Registered Suppliers:**

Toward which Quality Standard are you working? \_\_\_\_\_

Name of Registrar: \_\_\_\_\_ Planned Date of Registration Audit: \_\_\_\_\_

**Before a Non-Registered Supplier can begin to supply Marwood**

Marwood Purchasing Department must complete the following tasks:

This area to be completed by Marwood Purchasing Department use

- Supplier Assessment (F0253) completed and attach copy to this document

Completed by: \_\_\_\_\_ (Print) Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_

**Return Fax#: (519) 688-1194  
Attention: Purchasing Manager**