

supplier self - assessment

Please fill in completely:

1. GENERAL INFORMATION

Address (headquarters): Name
Street
ZIP code, city
Country

Homepage:

Year of Foundation:

VAT ID Number:

Bank account: Name:
IBAN:
BIC:

Incoterms:

Terms of payment:

2. TOTAL TURNOVER

Total turnover (million EUR)

Three years ago:

Two years ago:

Previous year:

3. PRODUCTION SITES/SUBSIDIARIES

Location:	1	2	3
City:			
Country:			
Employees in total:			
Production:			
Administration:			

4. RESPONSIBLE REPRESENTATIVES

1. Management (name):

Phone:

E-Mail:

2. Sales (name):

Phone:

E-Mail:

3. Quality assurance (name):

Phone:

E-Mail:

4. Reception:

Phone:

E-Mail:

5.

Phone:

E-Mail:

Please fill in completely:

5. LIST OF MAIN CUSTOMERS

Company name and location:	Volume	Share of turnover (%)
1.		
2.		
3.		
4.		
5.		

6. PRODUCT RANGE

Supplier of purchased parts
 in-house-production-parts

Which product range do you offer?

7. YOUR QUALITY ASSURANCE SYSTEM CERTIFICATE

System-/ Process audit:	Performed by certification company:	Date of certificate/ Valid until:
ISO 9001		
ISO / TS 16949		
Other:		
Other:		

Do you inspect your outgoing goods?

Do you have a product/third-party liability insurance? Amount of the current coverage?

We agree that the denoted information will be saved on data carriers at voxeljet. We assure that the information will not be passed to third parties.

Copies of your company organizational chart, available certificates as well as results of audits and your company brochure are to be attached to the completed questionnaire.

Please send the completely filled-in PDF either

by E-Mail:

einkauf@voxeljet.de

or by mail to:

voxeljet AG
Purchasing
Paul-Lenz-Straße 1a
86316 Friedberg
Germany

Please note that we need some time to assess your application carefully.
We will contact you as soon as possible.

Sender (name):

Phone:

E-Mail:

Date:

Signature: