

## Supplier Questionnaire

This questionnaire forms part of the Paragon supplier assessment process and must be completed and returned prior to any formal supplier audit or full approval process.

Contact Information			
Company Name		Date	
Address		Contact Name	
		Contact Position	
		Contact Telephone	
		E-Mail	
Post Code		Website Address	

<b>Scope of Supply (to JJS/Paragon)</b>	
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Key Contacts	Name	E-Mail Address
Managing Director		
Commercial		
Operations		
Quality		
Technical		
Purchasing		

Company Information		
Date Established		<b>Employees</b>
Financial Year End		Direct
Company Reg. No.		Indirect
VAT No.		

Is there a parent, group structure or controlling interest ?

Turnover	Year 1	Year 2	Year 3	Year 4	Year 5
Last 5 years, most recent first					
Please indicate currency:	<b>This Year</b>	<b>Next Year</b>			
Projected					

**Financial Associations with other companies**

Company Name	Relationship	Amount	% Owned

**Paragon Standard Payment Terms are 60 days EOM**

Facilities likely to supply Paragon (if different from Address Header)

Location	Main Business

Please name key customers and market sector for site and indicate % of turnover to cover &gt;50% of turnover where possible

Customer Name	Market Sector	% of Yearly T/Over

Third Party Quality Approval	Approving Body	Registration Number
ISO 9001		
AS9100/9120		
Other – Please specify		

Other Accreditations	Current Y/N?	Plans to Y/N?
Environmental ISO 14001		
Business Continuity BS 25999		
Corporate Social Responsibility ISO 26000		
Other:		

Please return the completed document along with;

- A company presentation
- Latest financial report
- Copies of accreditation certificate(s)

I certify to the best of my knowledge that the information supplied is accurate, complete, and current.

**Name:** ..... **Position:** ..... **Date:** .....