

SUPPLIER EVALUATION FORM

Supplier/Sub Contractor Details			
Company Name			
Company Address			
		Post code	
Telephone No:		Fax No.	

Quality Assurance Details			
Name of person responsible for Quality			
Position of person responsible for Quality			
Are you certificated to BS EN ISO 9001:2008?	Yes	No	
Name Of Certification Body			
Certificate No:			
Please list any other approvals held:			
Please supply copies of certification held when returning this questionnaire			

Environmental Management System (EMS) Details			
Name of person responsible for your EMS			
Position of person responsible for your EMS			
Are you certificated to ISO 14001:2004?	Yes	No	
Name Of Certification Body			
Certificate No:			
Please list any other approvals held:			
Please supply copies of your Environmental Policy and/or your certification held when returning this questionnaire			

Health & Safety Details	
Name of Person responsible for Health & Safety	
Position of Person responsible for Health & Safety	
Please supply copy of Company Health & Safety Policy	
Please supply a copy of your Health & Safety Accreditations	
<p>Note: Contractors providing labour must ensure all personnel are always adequately qualified & trained for the work and that you will at all-time comply with current legislation and safe working practice. In addition all tools must be fit for purpose and all Electrical Test Equipment must be calibrated and certificated.</p>	

SUPPLIER EVALUATION FORM

Purchasing Information		
What is our customer account number?		
Who is our sales contact?		
What is our sale contact's direct line?		
What is our sale contact's fax number?		
What is our sale contact's email address?		
What is your company's website address?		
Do you offer a discount on bulk purchases?	Yes	No
What is your maximum delivery range?		
What is the minimum delivery notice you require?		
Do you impose delivery charges?	Yes	No
Please provide details of products/services provided		

Insurance Information		
What is your Employer Liability Cover?		
What is your Public Liability Cover?		
What is your Product Liability Cover?		
What is your Professional Indemnity Cover?		
What is the Expiry Date of your Employer/Public/Product Liability/PI Insurance?		
Please list any other relevant insurance associated with your Company:		
Please supply a copy of your current insurance certificate or a letter confirming the above details from your Insurance Broker		

SUPPLIER EVALUATION FORM

Accounts Information		
VAT registration number?		
Company registration number?		
Are your accounts "factored out"?	Yes	No
If so, who to?		
Details of our credit control contact		
Details of our credit controllers Telephone/		
Details of our credit controllers Fax line		
Details of our credit controllers email?		
What is our credit limit?		
Do you offer 60 day terms from month end?	Yes	No
Do you accept payment by credit card?	Yes	No
Do you impose credit card charges?	Yes	No
What is your early settlement discount?	None	

Bank Automated Credit Details		
What is your Bank Sort Code?		
What is your Bank Account Number?		
What reference should we include with the payments?		
What is your Bank's name & address?		
	Post Code:	

Supplier Name of Authorised person:

Supplier Signature of Authorised person:

Date of signature:

Thank you for completing this questionnaire, would you please ensure all areas are completed FULLY and returned along with ALL relevant copies of certification held to:

Colin Todd

MMV Contracting Limited
 Behind 27
 27 Crown Street
 Kettering
 NN16 8QA

Contact Numbers: 0845 0268 530
 Email: info@mmvcontracting.com