

Supplier Manufacturing Questionnaire Form

Company Details:

Supplier Name: _____

Factory Location: _____

Established Year: _____

Contact Information:

Contact Person: _____

Position: _____

Phone: _____

Email: _____

Manufacturing Capabilities:

Full Production Facility Assembly Only Custom Orders

Production Capacity: _____

Quality Assurance:

ISO Certification In-house Quality Control Third-party Inspections

Production Process Overview:

Stage	Description	Equipment Used	Quality Checks

Additional Comments: _____

Signature: _____ Date: _____