

Supplier Vendor Questionnaire Form

Vendor Information:

Company Name: _____

Vendor ID (if applicable): _____

Contact Person: _____

Position: _____

Phone Number: _____

Email: _____

Product/Service Information:

Description of Products/Services:

Country of Origin: _____

Operational Capacity:

In-house Manufacturing Outsourced Mixed

Compliance Information:

Adherence to Environmental Policies Code of Conduct Agreement

Anti-corruption Policies

Performance Metrics:

Criteria	Excellent	Good	Average	Poor
Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pricing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Signature: _____ **Date:** _____