**SUPPLIER APPLICATION FORM**

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| --- | --- | --- |
| Trading Name: |  | |
| Trading Address: |  | |
| Operational Address:  (If different to the above) |  | |
| Post Code: |  | Country: |
| General Telephone Number: |  | |
| General Email address: |  | |

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| --- | --- | --- |
| Business Type: |  | Date Established: |
| Is this business part of a group: Y/N  If yes, please give details: |  | |

|  |  |  |
| --- | --- | --- |
| Number of Employees: |  | Working Hours: |

**ACCOUNTS INFORMATION**

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| --- | --- |
| Bank Name Address & Postcode: | Sort Code & Account No: |

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| --- | --- |
| Trading Address & Postcode | Usual Business Trading Currency for Payment: |

|  |  |
| --- | --- |
| Directors Name(s) | Directors Position (s) |

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| --- | --- |
| 1st Active Business Reference  Name:  Address:  Contact:  Tel No:  Email: | 2nd Active Business Reference  Name:  Address:  Contact:  Tel No:  Email: |

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| --- | --- |
| Last Year’s Annual Turnover: | Profit in the last 3 years:  Last Year:  Previous Year: |

**CONTACTS:**

|  |  |
| --- | --- |
| **Primary Contact for MK Test Systems:**  Name:  Position:  Tel No:  Email: |  |

|  |  |
| --- | --- |
| **Finance**  Name:  Position:  Tel No:  Email: |  |

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| --- | --- |
| **Quality**  Name:  Position:  Tel No:  Email: |  |

**ATTACHMENTS:**

|  |
| --- |
| Quality Credentials  Type Achieved Expiry Date Copied & Attached  ISO 9001: Mandatory Y/N  ISO 14001: Y/N Y/N  ISO 45001: Y/N Y/N  AS9100: Y/N Y/N |

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| SUBCONTRACTORS  Do you have subcontractors other than the suppliers of raw materials Y/N  If yes please list top 3:  1)  2)  3)  Do you have a written process for managing sub-contractors? Y/N |

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| --- |
| Counterfeiting  Do you have an anti-counterfeiting policy? Y/N Copied & Attached Y/N |

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| Traceability  Do you offer traceability for components used or supplied by yourselves along with a Certificate of Conformity for products? Y/N |

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| Policies Copied & Attached  Health and Safety (if no Iso 450001) Y/N  Environmental / Recycling (if no ISO 14001) Y/N  Reach Policy (if applicable) Y/N |

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| Insurances Expiry Date Copied & Attached  Professional Indemnity (if applicable) Y/N  Public Liability Y/N  Employee Liability Y/N |

**DECLARATION**

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| Non-disclosure Agreement (If applicable)  Signed and attached Y/N |

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| AOB Noes/ Machine List |

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| Declaration  I declare to the best of my knowledge all information is correct and I have read and agree to comply with MK Test Terms and Conditions of Purchase.  Signed:  Print:  Position: Date: |