

Net Shaped Solutions

8680 N. Haggerty Rd

Canton, MI 48187

Ph: 734-459-9500

Fax: 734-459-5703

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NET SHAPED SOLUTIONS - SUPPLIER PROFILE**Date Completed:**

Completed by (Name):

Completed by (Title):

Instruction: Complete this form and submit a hardcopy, fax, or electronic file to the Net Shaped Solutions contact name shown at the end of this form for review. (Electronic file copy is required for archival purposes.)

Primary Supplier Address

Company Name:	Main Telephone:
	Fax:
	Website:
Address:	Remitting Address (if different from left):

Primary Supplier Contact Information

Contact Name:	Title:
Telephone:	Mobile Phone:
E-mail Address:	Fax:
Street Address:	
City, State, Zip:	
<input type="checkbox"/> Organization Chart: Attach a separate file or document along with the completed form.	

Supplier Key Contact Directory

Function / Title	Name	Telephone / Cell	Email Address
President or General Mgr.			
Sales / Account Manager			
Project Manager (for Net Shaped Solutions)			
Engineering			
Purchasing			
Quality Assurance			
Manufacturing / Production			
Planning / Scheduling			
Accounts Receivables			
Finance/Administration			
Logistics Manager			
Emergency 24Hr Contact			
Environmental Health and			

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Safety Contact		
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Basic Supplier Information

Details of Principal Product, Capabilities, and Expertise:

Years in business: Years

How do you currently support key customers?

1-to-1 Representative Cross-functional Account Team (w/ sales, engineering, mfg., finance, etc.)
 Customer Service Center Other: _____

If Customer Service Center, specify primary customer service center location(s) for Net Shaped Solutions, if any:

List your plant locations: (if multiple locations)

Description of Plant (Primary for Net Shaped Solutions) Plant Name or Location:

Facility Area	_____ sq. feet.	Facilities Description: (Include types of machines, tools, etc., if applicable. Attach additional information pages, if required.)
Plant Area	_____ sq. feet	
Mfg. Production:	_____ sq. feet	
Warehouse:	_____ sq. feet	
Office Area	_____ sq. feet	
Warehouse Area	_____ sq. feet	

Description of Plant Plant Name or Location:

Facility Area	_____ sq. feet.	Facilities Description: (Include types of machines, tools, etc., if applicable. Attach additional information pages, if required.)
Plant Area	_____ sq. feet	
Mfg. Production:	_____ sq. feet	
Warehouse:	_____ sq. feet	
Office Area	_____ sq. feet	
Warehouse Area	_____ sq. feet	

Description of Plant Plant Name or Location:

Facility Area	_____ sq. feet.	Facilities Description: (Include types of machines, tools, etc., if applicable. Attach additional information pages, if required.)
Plant Area	_____ sq. feet	
Mfg. Production:	_____ sq. feet	
Warehouse:	_____ sq. feet	
Office Area	_____ sq. feet	
Warehouse Area	_____ sq. feet	

Import / Export Capabilities: Import Export Any Restrictions/Comments:

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Name(s) of Logistics Provider: _____

Name(s) of Freight Forwarder: _____

Supplier Business Data

Please describe your ownership structure (e.g., privately or publicly held, subsidiary of a publicly held corporation, etc.)

Incorporated (Inc./Corp.) ; Public Limited Company (Plc.) ; Limited Company (Ltd. or plc.) ;
 Publicly Traded? ; If so, provide the stock symbol: _____

Please provide appropriate identification number:

Federal Tax ID Number (US): _____
 Company Number (e.g. www.companieshouse.gov.uk): _____
 VAT Registration Number: _____
 Social Security Number (US): _____
 Individual Name (for tax reporting purpose): _____
 Others (Please explain): _____

Do you have a parent company? Yes No

If yes, who is your parent company? _____

D-U-N-S Number: _____ This is a Site number Parent company number

[For help finding number, please contact D&B 1-800-234-3867 \(US\) or http://www.dnb.com/us/](http://www.dnb.com/us/)

Type of Business: (choose Principal)

<input type="checkbox"/>	Custom Manufacturing (Build to Print) <input type="checkbox"/> Prototype <input type="checkbox"/> Production <input type="checkbox"/> Both	<input type="checkbox"/>	Distribution
<input type="checkbox"/>	Original Equipment Manufacturer	<input type="checkbox"/>	Service
<input type="checkbox"/>	Information Technology	<input type="checkbox"/>	Engineering or Design Services
<input type="checkbox"/>	Raw Material or Chemical Supplier	<input type="checkbox"/>	Other _____
<input type="checkbox"/>		<input type="checkbox"/>	Contract Manufacturing

Business Type (Check all that apply):

Large: Small: Woman-Owned:
 Minority-Owned:
 Black: Hispanic: Native American: Asian Pacific: Subcontinent Asian:
 U.S. Veteran: Disabled Veteran:
 Foreign (See Below): Multi-National:

Note: Supplier is considered "Foreign" if any of the following apply:

- o Pay To address in a country other than Net Shaped Solutions. "Ship To" address
- o Buy From address is in a country other than Net Shaped Solutions. "Ship To" address
- o Ship From address is in a country other than Net Shaped Solutions. "Ship To" address
- o Mfg. Country for any item sold to Net Shaped Solutions is a country other than Net Shaped Solutions. "Ship To" address

Net Shaped Solutions requires its suppliers to sign a non-disclosure agreement, who will sign on behalf of your company? (Must be a company officer.) _____

If NDA with Net Shaped Solutions was already complete. Date Completed: _____

Is your company involved in any disputes, claims, or legal proceedings? Yes No

If yes, describe the nature of these proceedings and expected impact on the business. _____

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Are you aware of any restrictions on you to engage or enter into any business relationship with Net Shaped Solutions? Yes No

If yes, please explain: _____

Supplier Financial Data

Instruction: All currency figures in this section are in US dollars.

Non-US\$ Home Currency. Name of Currency: _____
 Conversion Rate (US\$ to currency): _____:1

Current Year Sales Revenue Forecast (US\$): _____ Order Booked/Backlog (US\$): _____

Annual Sales Revenue for the Last Three Years:

Year:	_____	Year:	_____	Year:	_____
Sales: US\$	_____	Sales: US\$	_____	Sales: US\$	_____

% Sales Invested in R&D for the Last Three Years:

Year:	_____	Year:	_____	Year:	_____
% of sales	_____	% of sales	_____	% of sales	_____

Do you publish an Annual Report? Yes No

If yes, please provide copies of the last 3 years. Copies provided or Attached

Please provide financial statements for the last three years.

Are statements enclosed? Yes No

Please list your top five customers and the percentage of business each represents:

<u>Customer</u>	<u>Percentage</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Plant Capacity Utilization (%) Level for the Last Two Years, the Current Year, and the Next Year (estimated):

Year:	_____	Year:	_____	Current Year:	_____	Next Year:	_____
%-Utilization	_____	%-Utilization	_____	%-Utilization	_____	%-Utilization	_____

Commercial Terms & Data

Instruction: Please, provide a copy of your company's standard terms and conditions as a reference only.
 A Copy of standard terms and conditions attached.

Terms of Payment: _____ (Net Shaped Solutions' Terms: Net 75 days or 2%15, Net 75)

Freight terms: FOB Point Ex-Works Others (please specify): _____

Please list shipping points for your facilities: _____

Is payment in US dollars acceptable? Yes No

If No, state preferred currency (only if necessary): _____

Returned Goods Policy (Please describe.)

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Rescheduling Policy (Please describe.)

Quality Management Systems	
What is your Quality Policy / Mission Statement?	
Describe how your management's commitment to achieve the objectives of your quality policy is demonstrated.	
What date was Quality Systems Manual written? _____	Revised? _____
Quality System Standards: <input type="checkbox"/> MIL Standards <input type="checkbox"/> ISO <input type="checkbox"/> TS <input type="checkbox"/> Other	
ISO Registered? <input type="checkbox"/> Yes <input type="checkbox"/> No	Registration Number: _____
Registered to: <input type="checkbox"/> 9001 <input type="checkbox"/> 9001:2000 <input type="checkbox"/> 9002 <input type="checkbox"/> 9003 <input type="checkbox"/> QS9000 <input type="checkbox"/> TS16949	
Registrar Name: _____	
If not ISO Registered, do you intend to become compliant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, when? _____	
Will you be using a third party auditor to confirm compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what organization is being used? _____	
Do you conduct Advanced Product Quality Planning (APQP)? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Process Control			
Check the elements that apply to the process control systems at your facilities.	<u>Yes</u>	<u>No</u>	<u>N/A</u>
Final inspection performed/test performed and trended	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Robust in-process inspection performed/test performed and trended	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment preventive maintenance performed and documented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPC data gathered and trended	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Active process qualification program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Active configuration/ECO control process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lean manufacturing programs implemented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Just-in-time delivery systems implemented with suppliers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manages consigned inventory for customers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Business Continuity
Have you experienced any of the following business disruptions in the past 2 years? <input type="checkbox"/> Natural Disaster (flooding, earthquakes, etc.) <input type="checkbox"/> Political <input type="checkbox"/> Technology <input type="checkbox"/> Emergency <input type="checkbox"/> Other _____ Please describe the frequency and duration these disruptions. _____ Please, provide your company's disaster recovery and risk management plan, including but not limited to, data storage and recoveries. _____ Do you expect to relocate your plant(s) or key processes to another location some time in the near future? _____

Employees	
Total Number of Employees: _____	Average Tenure: <input type="checkbox"/> 10% < 1yr <input type="checkbox"/> 30% < 2yrs
Manufacturing Personnel: _____	Average Tenure: <input type="checkbox"/> 10% < 1yr <input type="checkbox"/> 30% < 2yrs
Engineering Personnel: _____	Average Tenure: <input type="checkbox"/> 10% < 1yr <input type="checkbox"/> 30% < 2yrs
Please list Certification Programs and Percentage of Certified Operators below.	
Program _____	Percentage _____
What is the age of Your youngest employee? _____	Your oldest employee? _____
What is the mean age? _____	
Do employees have the right to voluntarily terminate employment at any time? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If No, explain: _____	
Do you have a documented disciplinary process? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, when was it written? _____ Last revised? _____	
Do you have a written policy regarding harassment and non-discrimination? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, when was it written? _____ Last revised? _____	
Do your sub-tier supplier's business and employment practices differ significantly from your company's practices? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain: _____	
Please identify all forms of compensation available for manufacturing and logistics personnel.	
<input type="checkbox"/> Hourly wages	<input type="checkbox"/> Salary
<input type="checkbox"/> Pension benefits	<input type="checkbox"/> Bonuses
<input type="checkbox"/> Disability benefits	<input type="checkbox"/> Others benefits, please explain: _____
<input type="checkbox"/> Overtime payments	<input type="checkbox"/> Life insurance
<input type="checkbox"/> Medical benefits	<input type="checkbox"/> Dental benefits
Minimum wage requirements in the country of manufacture & operations (in US\$): _____	
What is the minimum wage offered to your manufacturing and logistics personnel (in US\$)?	
Per item _____	Per hour _____
Union Shop? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which Union? _____	

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Union Work Stoppage? _____
Contract Expiration Date: _____
Scheduled Plant Shutdowns? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please, explain: _____
How many shifts are you currently operating? _____
Provide the number of hours your company has worked in the last three years: _____
The mean and maximum length of work week at your facilities: Mean # hours: _____ Maximum # hours: _____
The maximum period of work time (without breaks) for any personnel: _____

Environmental and Safety Regulations	
Does the company's executive management review the environmental and safety policies to ensure its continuing suitability and effectiveness? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please Explain) _____	
Does your company have an environmental program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a plan for disposing of hazardous materials and/or byproducts according to regulatory requirements? (Please Explain) _____	
Has your company effectively implemented its environmental procedures? <input type="checkbox"/> Yes <input type="checkbox"/> No Does it include Sub-tier suppliers? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please Explain) _____	
Do documented work instructions comply with reference standards/codes including safety, environmental, hazardous material handling/storage/disposal? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is your company's Standard Industrial Classification (SIC): _____ <small>Note: Standard Industrial Classification (SIC) Code is published in the Standard Industrial Classification Manual. To get more information, go to internet address http://www.osha.gov/oshstats/sicser.html.</small>	
Are you ISO 14001 Registered? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is your facility compliant with applicable international, national, state, or local occupational safety and health agencies? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your company have a safety program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you ISO14001 Registered? <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have any OSHA Voluntary Protection Program (VPP) Sites? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have any pending OSHA (or equivalent) violation cases? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please Explain) _____ Number of OSHA Recordable Accidents (Company Wide) for the last three years: _____ <small>Note: For OSHA Recordable Accidents see criteria for recordable http://www.osha.gov (29 CFR 1904.7).</small>	
Does the facility have any environmental permits issued by Federal, State, or any applicable local agencies? (e.g., air pollution, hazardous waste, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what type of permit is it? _____ Do you have any compliance discrepancies pending? <input type="checkbox"/> Yes <input type="checkbox"/> No What is the renewal date of the permit? _____	
Check all special/secondary processes done On Site .	

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<input type="checkbox"/> Chemical Cleaning	<input type="checkbox"/> Anodizing	<input type="checkbox"/> Electroplating
<input type="checkbox"/> Welding	<input type="checkbox"/> Electro-polish	<input type="checkbox"/> Coating/Painting
<input type="checkbox"/> TIG	<input type="checkbox"/> Heat Treatment	<input type="checkbox"/> Electroless Ni/Ag Plating
<input type="checkbox"/> MIG	<input type="checkbox"/> Annealing	<input type="checkbox"/> Surface Hardening
<input type="checkbox"/> Vacuum	<input type="checkbox"/> Flame Spray	
<input type="checkbox"/> Laser	<input type="checkbox"/> Other _____	
<input type="checkbox"/> E-beam		
<input type="checkbox"/> Plasma coating		
<input type="checkbox"/> Other: _____		

Check all special/secondary processes done **Off Site**.

<input type="checkbox"/> Chemical Cleaning	<input type="checkbox"/> Anodizing	<input type="checkbox"/> Electroplating
<input type="checkbox"/> Electroless Nickel/Gold Plating	<input type="checkbox"/> Electro-polish	<input type="checkbox"/> Annealing
<input type="checkbox"/> Welding	<input type="checkbox"/> Coating/Painting	<input type="checkbox"/> Surface Hardening
<input type="checkbox"/> Heat Treatment	<input type="checkbox"/> Flame Spray	
<input type="checkbox"/> Other _____	<input type="checkbox"/> Plasma coating	

Systems & Tools

Do you have? (Please check all that apply.)

<input type="checkbox"/> Electronic Commerce Capabilities	<input type="checkbox"/> Computerized MRP System
<input type="checkbox"/> EDI	<input type="checkbox"/> Warranty Policy
<input type="checkbox"/> EFT (Electronic Funds Transfer)	<input type="checkbox"/> OEM Proprietary Policy
<input type="checkbox"/> FTP (File Transfer Protocol)	<input type="checkbox"/> Bar Coding
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Total Quality Management Program

CAD/CAM Capabilities

PRO E Solid Works

Other solid model (Specify: _____) Others: _____

Specify what type of system being used: _____

Specify available data transfer formats: _____

How do you prefer to receive CAD/CAM data (include file formats):
 (Net Shaped Solutions does not use step Translator and prefer not to work with IGES format.)

Engineering Capabilities

CAD Design Services

Finite Element Analysis (FEA)

Product Testing & Evaluation

Specify: _____

Rapid Prototyping

Please, specify the affiliations or alliances that you may already have for additional accesses to engineering services and other support capabilities:

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Supplier Skills							
Machining	<input type="checkbox"/> CNC Lathe	<input type="checkbox"/> V. Mill	<input type="checkbox"/> H. Mill	<input type="checkbox"/> End Face	<input type="checkbox"/> Broach	<input type="checkbox"/> Gear cutting	<input type="checkbox"/> Thread rolling
	<input type="checkbox"/> Hydramat	<input type="checkbox"/> Spline rolling	<input type="checkbox"/> Knurling	<input type="checkbox"/> Groove rolling	<input type="checkbox"/> Multi - Axis CNC Mill	<input type="checkbox"/> (Screw Machine)	<input type="checkbox"/> (Chucker)
	<input type="checkbox"/> Centerless Grinding	<input type="checkbox"/> (Type)	<input type="checkbox"/> (Type)	<input type="checkbox"/> (Type)	<input type="checkbox"/> (Type)	<input type="checkbox"/> (Type)	<input type="checkbox"/> (Type)
Thermal Processes	<input type="checkbox"/> Anneal	<input type="checkbox"/> Normalize	<input type="checkbox"/> Quench & Temper	<input type="checkbox"/> Carbo Nitride	<input type="checkbox"/> FNC	<input type="checkbox"/> (Type)	<input type="checkbox"/> (Type)
Plating	<input type="checkbox"/> Phos.	<input type="checkbox"/> Zinc	<input type="checkbox"/> (Type)	<input type="checkbox"/> (Type)	<input type="checkbox"/> (Type)	<input type="checkbox"/> (Type)	<input type="checkbox"/> (Type)
Sorting	<input type="checkbox"/> Auto	<input type="checkbox"/> Manual	<input type="checkbox"/> (Type)	<input type="checkbox"/> (Type)	<input type="checkbox"/> (Type)	<input type="checkbox"/> (Type)	<input type="checkbox"/> (Type)
Other (List)	<input type="checkbox"/> (Type)	<input type="checkbox"/> (Type)	<input type="checkbox"/> (Type)	<input type="checkbox"/> (Type)	<input type="checkbox"/> (Type)	<input type="checkbox"/> (Type)	<input type="checkbox"/> (Type)
Attach more detailed process descriptions and equipment lists as needed.							

Net Shaped Solutions Contact Information <i>(To be completed by Net Shaped Solutions representative.)</i>	
Net Shaped Solutions Initiator:	
Office Telephone:	Mobile Phone:
Fax number:	E-mail address:
Street Address:	
City, State, Country, Zip:	