

SUPPLIER QUESTIONNAIRE

Company:	
Street, No.:	
Zip Code:	
City:	
Country:	
Telephone:	
Fax:	
E-mail:	
Homepage:	
Branch:	
Supplier number:	

CONTACT PERSON	NAME	TELEPHONE	FAX	E-MAIL
Management:				
Production:				
Quality assurance:				
Logistics:				

NUMBER OF EMPLOYEES	
Total:	
Production:	
Quality assurance:	
Administration:	

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SUPPLIER QUESTIONNAIRE

PRODUCTION	
Core technology / Procedures:	
Machinery (please attach machine list if available)	
Used materials (please attach list if available)	

PRODUCT RANGE

REFERENCES / CLIENTS	
Company:	Branch:

QUALITY MANAGEMENT	NORM / CERTIFICATION	VALID TO
Is your company certified? (please attach copies of the certificates)	DIN EN ISO 9001:2015	
	DIN EN ISO 9001:2008	
	ISO TS 16949:2002	
Others		
If no, is a certification planned?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Date:	

