



ABC Group Inc.
2 Norelco Drive
Toronto, ON M9L 2X6

T 416-246-1782
F 416-246-1552

SUPPLIER PROFILE FORM

THIS IS AN ELECTRONIC FORM
***USE TAB KEY TO GO FROM FIELD TO FIELD – DO NOT USE ENTER KEY

Fields outlined in **RED**
are **REQUIRED** to be
filled.

#80SQD-F-006E-C3
REV. LEVEL: 06
EFF. DATE: APRIL 11, 2014
APPROVED BY: M. Quail

MANAGEMENT

COMPANY LEGAL NAME			TELEPHONE () - ()	FAX () - ()
MAILING ADDRESS			STREET ADDRESS	
CITY	PROVINCE/STATE	POSTAL/ZIP CODE	COUNTRY	WEB ADDRESS
SALES CONTACT		PHONE	CELL	EMAIL
PRESIDENT		PHONE	CELL	EMAIL
GENERAL MANAGER		PHONE	CELL	EMAIL

Manufacturing Location:

COMPANY LEGAL NAME			TELEPHONE () - ()	FAX () - ()
MAILING ADDRESS			STREET ADDRESS	
CITY	PROVINCE/STATE	POSTAL/ZIP CODE	COUNTRY	WEB ADDRESS
PLANT MANAGER	PHONE	EXT.	CELL	EMAIL
QUALITY MANAGER	PHONE	EXT.	CELL	EMAIL
ENGINEERING MANAGER	PHONE	EXT.	CELL	EMAIL
CUSTOMER SERVICE REPRESENTATIVE	PHONE	EXT.	CELL	EMAIL
EDI CONTACT	PHONE	EXT.	CELL	EMAIL

Financial – Duns

PLEASE COMPLETE SUPPLIER FINANCIAL INFORMATION ON PAGE 3

REMIT TO LEGAL NAME			TELEPHONE () - ()	FAX () - ()
MAILING ADDRESS			P.O. BOX	
CITY	PROVINCE/STATE	POSTAL/ZIP CODE	COUNTRY	

Additional Global Locations:

MANUFACTURING FACILITIES: <input type="checkbox"/> Europe, Middle East and Africa <input type="checkbox"/> Asia/Pacific <input type="checkbox"/> Americas (North, Central, South)	SALES OFFICES: <input type="checkbox"/> Europe, Middle East and Africa <input type="checkbox"/> Asia/Pacific <input type="checkbox"/> Americas (North, Central, South)
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Send General Communications and Performance Reports to:

NAME		TITLE		
PHONE () - ()	FAX () - ()		EMAIL	
STREET ADDRESS			P.O. BOX	
CITY	PROVINCE/STATE	POSTAL/ZIP CODE	COUNTRY	

Company History

YEAR BUSINESS ESTABLISHED	OWNERSHIP <input type="checkbox"/> PRIVATE <input type="checkbox"/> PUBLIC	ANNUAL SALES \$	ABC GROUP BUSINESS %
CURRENT PRODUCTION CAPACITY %	CURRENT AUTOMOTIVE BUSINESS %	TYPE OF BUSINESS <input type="checkbox"/> MANUFACTURER <input type="checkbox"/> DISTRIBUTOR	

MINORITY SUPPLIER

SUPPLIER IS* IS NOT**

CERTIFIED AS A MINORITY SUPPLIER by a regional affiliate of the National Minority Supplier Development Council 9NMSDC)

*A Copy of the certification is required and must be submitted with this form for classification as a MINORITY SUPPLIER.

"MINORITY SUPPLIER" is defined as a business owned by one or more members of the following ethnic group: African American, Hispanic American, Native American, Asian Indian American or Oriental American. The ethnic person or persons must own at least 51% of the minority company, have day-to-day operational control and control the Board of Directors.

General Information

TOOLING CAPABILITY DESIGN: <input type="checkbox"/> YES <input type="checkbox"/> NO BUILD: <input type="checkbox"/> YES <input type="checkbox"/> NO RUN: <input type="checkbox"/> YES <input type="checkbox"/> NO		UNION AFFILIATION (name)		
BUILDING SIZE: <input type="checkbox"/> YES <input type="checkbox"/> NO SQ. FT.		AVAILABLE EXPANSION	CONTRACT EXPIRY DATE:	# OF EMPLOYEES
		SHIFTS PER DAY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	NO. OF HOURS PER SHIFT	
		WORK DAYS PER WEEK <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		
ALTERNATE MANUFACTURING <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES – LOCATION:		
BAR CODE LABELING CAPABILITY <input type="checkbox"/> YES <input type="checkbox"/> NO		EDI CAPABILITY <input type="checkbox"/> YES <input type="checkbox"/> NO		

Business Activities

KEY CUSTOMERS	CURRENT YEAR ANNUAL SALES	PRIOR YEAR ANNUAL SALES	% OF TOTAL SALES

What was your PPM rating for the past 12 months? (All customers) _____
 What was your DELIVERY rating for the past 12 months (all customers) _____

SALES PER CUSTOMER BASE	CUSTOMER
OEM %	
TIER 1 %	
TIER 2 %	

KEY SUB-SUPPLIERS (Raw materials)	KEY SUB-SUPPLIERS (Components)

PRODUCTS	SERVICES

Do you import material or components? YES NO If yes, from which country? _____

Quality - Registration/Accreditation Status

******* ATTACH ALL CERTIFICATES *******

CERTIFICATION	CERTIFICATION DATE	EXPIRY DATE	REGISTRAR
ISO/TS 16949:09			
ISO 9001:2008			
ISO 14001			
OTHER (please specify)			

ACCREDITED LAB	CERTIFICATION DATE	EXPIRY DATE	REGISTRAR
ISO/IEC 17025			
A2LA			

Completed by	Position	Date
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Supplier Financial Information

COMPANY NAME: Click here to enter text.

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CURRENCY 000's

FISCAL IS July 1, TO June 30,

	FY2013 Audited	FY2012 Audited	FY2011 Audited	FY2010 Audited
Income Statement				
Total Revenue	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EBITDA*	<input type="text" value=">x%"/>	<input type="text" value=">x%"/>	<input type="text" value=">x%"/>	<input type="text" value=">x%"/>
Balance Sheet				
Accounts Receivable	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Inventory	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current Assets	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Account Payable	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current Portion of Debt	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current Liabilities	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Long-term Debt	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Equity	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cash Flows				
Capital Expenditures	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current Ratio	<input type="text" value="AP/CL"/>	<input type="text" value="AP/CL"/>	<input type="text" value="AP/CL"/>	<input type="text" value="AP/CL"/>
Interest Coverage (EBITDA based)	<input type="text" value=">X"/>	<input type="text" value=">X"/>	<input type="text" value=">X"/>	<input type="text" value=">X"/>
Debt/EBITDA	<input type="text" value="<X"/>	<input type="text" value="<X"/>	<input type="text" value="<X"/>	<input type="text" value="<X"/>

Should you prefer to not fill out the above information, therefore non-compliant, please provide a detailed reason/response below:

COMMENTS:
Click here to enter text.