

### 1. Supplier Information

Company Name: _____	MP2 Vendor ID _____
Street Address: _____	Country: _____
City: _____	Postal Code: _____
State/Province: _____	Phone: _____
Contact Name: _____	Fax: _____
Contact E-mail: _____	

### 2. Evaluation

0=Unacceptable; 1=Needs improvement; 2=Acceptable

	0	1	2
1. Is the company ISO 9001 certified	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Are orders delivered on-time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Time waiting for backorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Ease of obtaining invoices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Overall ease of dealing with the company	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ISO Certification Number if applicable. \_\_\_\_\_

### 3. Results

Total Points Possible: 10 Score: \_\_\_\_\_

- Approved (7 – 10)
- Provisional (4 – 6)
- Not Approved (0 – 3)

### 4. Approval

Purchasing Rep: \_\_\_\_\_  
 Purchasing Sup: \_\_\_\_\_

Approval Date: \_\_\_\_\_  
 Approval Date: \_\_\_\_\_