



EKLUND'S PREFERRED VENDOR APPLICATION

Vendors must complete this form and email it to Eklund's Purchasing Department (Janie Flyzik, jflyzik@eklunds.com) for evaluation.

GENERAL COMPANY INFORMATION

Company Name _____

Address _____

City/State/Zip _____

Phone _____ Fax _____

CEO Name _____ CEO Title _____

CEO E-mail _____ CEO Phone _____

Marketing E-mail _____

Eklund's Primary Contact for Purchasing needs _____

Office Number _____ Cell Number _____

Email _____

Social Security Number _____ Name of SSN Owner _____

Federal Tax ID Number _____

ADDITIONAL COMPANY INFORMATION

Organization Type: Sole Owner Corporation S-Corp.

Domestic/Foreign Owned? _____

Is your company owned by a parent company? Yes No

Parent Company Name _____

Parent Company Address _____

Parent Company Tax ID _____

Check all that apply to the business:

Small Business Minority-Owned Veteran-Owned Women-Owned Veteran Disabled-Owned

Other Socioeconomic Factor(s)? _____

Certifications: 8a Certified Minority Women-Owned HUBZone

South • Southeast • Midwest • West • Northeast

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www.eklunds.com

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Mentor Program: Mentor Company _____

Contact Information _____ Phone Number _____

Company's Web Site(s): _____

Did your company have a name change in the past 12 months? Yes No

Name _____

Company Contact _____ Quality Assurance Contact _____

Bank References _____

Trade References _____

OTHER INFORMATION

Area in Sq. Ft.: Manufacturing _____ Office _____ Total _____

Number of Personnel: Manufacturing _____ Quality Assurance _____ Engineering _____

Are clean room facilities used for manufacturing product? Yes No

What percentage of present work is: Government _____ Commercial _____ Other _____

Describe any special processes that you perform (e.g., plating, painting, soldering, welding, wire wrap, etc.).

Are you ISO-9000 certified? Yes No ISO Certificate Type _____

Registrar _____ Certificate Number _____

Expiration Date: ISO READY/Not Certified _____ Date of Certification _____

Registered or certified to any other Quality Management System or model?

Mil-I-45208 Mil-Q-9858 Other: _____

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QUALITY MANAGEMENT SYSTEM	YES	NO
Do you maintain operation policies & procedures for your quality management system?		
Is an internal audit program maintained that reviews compliance with all aspects of the quality program?		
Does the organizational structure define quality responsibility & authority?		
Does the organizational structure provide access to top management?		
Is the health & status of your quality management system periodically reviewed with management?		
Do you have a documented employee training program?		
Is the quality organization responsible for acceptance of product & services?		
Are records of inspections & tests maintained?		
Are quality data used in reporting results & trends to management?		
Are quality records available to support customer certifications?		

DESIGN INFORMATION	YES	NO
Do procedures cover the release, change, & recall of design & manufacturing information, including correlation of customer specification?		
Do records reflect the incorporation of changes?		
Does quality control verify that changes are incorporated at the effective points?		
Is the control of design and manufacturing information applied to the procurement activity?		
Is there a formal deviation procedure?		

PROCUREMENT CONTROL	YES	NO
Are procurement sources evaluated & monitored?		
Are quality requirements and inspection procedures specified?		
Is a documented system maintained for the evaluation of purchased materials?		
Are incoming materials identified & segregated until acceptance?		

MATERIAL CONTROL	YES	NO
Do procedures exist for storage, release, & movement of material?		
Are materials in storage identified & controlled?		
Are in-process materials identified & controlled?		
Are materials inspections identified & controlled?		
Do storage areas and facilities provide control to protect material from degradation?		
Do you have an electrostatic sensitive device protection program?		
Are nonconforming items identified, segregated, & controlled?		