

Service Sub-Contractor Quality Assurance Questionnaire

Cole Chemical & Distributing, Inc. is ISO 9001:2008 certified. In order to comply with the standards set forth in ISO we must assess our supplier's ability to meet our sub-contractor and quality requirements. This assessment includes Cole's right to audit our supplier's facility to ensure the product and/or services you provide meet both Cole's and our customer's requirements. After completing the form below please mail along with a copy of your quality manual and literature regarding your company to:

**Cole Chemical & Distributing, Inc.
1500 S. Dairy Ashford, Suite 450
Houston, TX 77077**

Company Name: _____

Physical Address: _____
City State Zip

Mailing Address: _____
City State Zip

Remit To Address: _____
City State Zip

Payment Terms: _____ Federal ID #: _____

Dunns #: _____ State Tax #: _____

State: _____

Phone: (800) _____ Phone: _____

Fax: _____ Website: _____

Date Company Established: _____ Date Incorporated: _____

Contacts:

Owner: _____ Phone: _____

Email: _____ Fax: _____

President: _____ Phone: _____

Email: _____ Fax: _____

Sales: _____ Phone: _____

Email: _____ Fax: _____

Customer Service: _____
Email: _____

Phone: _____
Fax: _____

Accounting: _____
Email: _____

Phone: _____
Fax: _____

Main Contact: _____
Email: _____

Phone: _____
Fax: _____

Emergency Customer Service: _____
Pager: _____

Phone: _____
Fax: _____

Overnight/Weekend Contact: _____
Pager: _____

Phone: _____
Mobile: _____

List other branches or offices:

Are you an M/WBE?

_____ Yes (Attach certificate) _____ No

What kind of M/WBE?

Woman-owned: _____

Minority-owned: _____

List ethnicity: _____

Legal structure: _____ Individual _____ Partnership _____ Joint Venture
 _____ Corporation _____ Sole Proprietorship

Does your company have the following programs in place? (Mark all that apply)

_____ Safety _____ Emergency _____ Environmental Responsibility

Description of business:

List products/services provided (or attach brochure):

Quality Program Management:

1. Do you have a quality manual? _____ Yes (Please attach copy) _____ No

2. Are you:

ISO Certified? _____ Yes (Attach certificate) _____ No

QS Certified? _____ Yes (Attach certificate) _____ No

14000 Certified? _____ Yes (Attach certificate) _____ No

List Licenses and Certificates held and attach copies: _____

3. Have you implemented a drug program? _____ Yes _____ No

4. Corrective action is taken as a result of non-conforming or damaged product.
_____ Yes _____ No

Additional questions pertaining to your field of expertise:

Attach certificate of insurance. (Required: \$1 million General Liability and Worker's Compensation Required)

Please list a minimum of three company references:

<u>Company</u>	<u>Contact</u>	<u>Address</u>	<u>Fax</u>	<u>Phone</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

******* DO NOT WRITE BELOW THIS LINE FOR INTERNAL USE ONLY *******

Approved By: _____	Date: _____
Not Approved By: _____	Date: _____
Entered in Computer By: _____	Date: _____
Date Information added to the Meeting Minutes: _____	Date: _____
Copy in Quality Questionnaire Book: _____	Date: _____
New Vendor Requirement Letter sent by: _____	Date: _____