

SUPPLIER GENERAL INFORMATION

Complete an individual sheet for each plant location

Plant Location Shipping Location (if different) Street Address City, State/Province, Zip/Postal Code Phone Fax Phone Fax Phone Fax Phone Fax Email Address Email Address Plant Shipping Hours Shift 1 Shift 1 Shift 2 Shift 2 Shift 3 Shift 3 Shift 3 Primary Contact Information Accounting Contact Name Phone Phone Email Address Email Address Email Address Email Address Shift 1 Shift 2 Shift 3 Shift 3 Shift 3 Shift 3 Shift 3 Shift 3 Primary Contact Information Accounting Contact Name Phone Email Address Shift 1 Quality Manager Name Phone Email Address Shift 2 Quality Manager Name Phone Email Address Shift 3 Quality Manager Name Phone Email Address Shift 3 Quality Manager Name Phone Email Address Shift 3 Quality Manager Name Phone Email Address Email Address Shift 3 Quality Manager Name Phone Email Address Email Address Shift 3 Quality Manager Name Phone Email Address Email Address Shift 3 Quality Manager Name Phone Email Address Home/Alternate Phone						
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Please return completed forms to SMI Aero Purchasing
Fax | 231.941.5274 Email | aeroquality@skilledmfg.com