



SUPPLIER GENERAL INFORMATION

Complete an individual sheet for each plant location

Company Name	Division (if applicable)
Supplier #	Date

Plant Location		Shipping Location (if different)	
Street Address		Street Address	
City, State/Province, Zip/Postal Code		City, State/Province, Zip/Postal Code	
Phone	Fax	Phone	Fax
Email Address		Email Address	

Plant Hours of Operation	Plant Production Hours	Plant Shipping Hours
Shift 1	Shift 1	Shift 1
Shift 2	Shift 2	Shift 2
Shift 3	Shift 3	Shift 3

Primary Contact Information		
Accounting Contact Name	Phone	Email Address
Shipping Contact Name	Phone	Email Address
Plant Manager 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

Emergency Contact After Hours <i>(required 24-hour availability, numbers are kept confidential, used only to avoid critical parts shortages)</i>		
Emergency Contact Name 1	Mobile Phone	Home/Alternate Phone
Emergency Contact Name 2	Mobile Phone	Home/Alternate Phone

Please return completed forms to SMI Aero Purchasing
 Fax | 231.941.5274 Email | aeroquality@skilledmfg.com