



CONTACT DETAILS

Company Name: _____	Main Contact: _____
Address: _____	Position: _____
_____	Tel: _____
_____	Fax: _____
_____	E-mail: _____
Country: _____	Website: _____

COMPANY INFORMATION

Capital: _____	Sales: _____		
Number of Employees: _____	Name of President: _____		
Quality System Approval:	<input type="checkbox"/> GE S1000	<input type="checkbox"/> RR SABERE	<input type="checkbox"/> P&W ASQR-01
	<input type="checkbox"/> AS 9100	<input type="checkbox"/> ISO 9000	<input type="checkbox"/> ISO 14000

Main Customers: _____

PRODUCTS & SERVICES

(please include part name)

- Sheet metal work: _____
- Castings (please give detailed information): _____
- Forgings (please give detailed information): _____
- Electrical components: _____
- Engine sub-assemblies & components: _____
- Fasteners: _____
- Special metals: _____
- Electronics: _____
- Maintenance, repair & overhaul: _____
- Aero testing & certification: _____
- Treatments & processes: _____
- Other: _____

