



**AGT International**

**AGT International.**

**Potential Supplier Profile**

**AGT INTERNATIONAL**

No. 1.Shuhong Road. Xiazhuang Sub-district.  
Chengyang, Qingdao China 266107  
Tel 86-532- 55578818 • fax 86-532 55578817  
Email: [info@agtcn.com](mailto:info@agtcn.com)  
<http://www.agtcn.com>

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**Potential Supplier Profile and Data Report**

**GENERAL INFORMATION (complete this section for each location)**

Supplier Name: \_\_\_\_\_

Parent Company: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax No.: \_\_\_\_\_

E-mail: \_\_\_\_\_

**CONTACTS:**

Position	Name	Phone	E-mail
President			
Treasurer/Controller			
Operations Manager			
Engineering Mgr.			
Logistics Manager			
Purchasing Manager			
Quality Manager			
Manufacturing Mgr.			
Sales Contact			

**TYPE OF OWNERSHIP:**

Proprietorship

Partnership

Corporation       Public       Private

State/Country of Incorporation: \_\_\_\_\_

Date of Incorporation: \_\_\_\_\_

Years in Business: \_\_\_\_\_

Type of Business: \_\_\_\_\_

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**LANGUAGE SKILLS**

Do you have personnel fluent in other languages?

English  German  Spanish

Other \_\_\_\_\_

**CRITICAL SUB-TIER SUPPLIERS**

(Heat Treat, Plating/Coating, Materials, Painting Sources, Machining Process, etc.)

Name	Technology	Location

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**ADMINISTRATIVE**

**CUSTOMERS**

How many years experience supplying local market? \_\_\_\_\_

**Local Customers**

	Sales % of Business				
	Technology				
Customers					Total Sales
<b>Total Sales</b>					

How many years experience in oversea market: \_\_\_\_\_

**Overseas Customers**

	Sales % of Business				
	Technology				
Customer					Total Sales
<b>Total Sales</b>					

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**QUALITY SYSTEMS**

Are you a ISO14001 Registered Company?    Yes         No   
 When? \_\_\_\_\_ By Whom? \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Are you ISO9001 Registered?    Yes         No:   
 When ? \_\_\_\_\_ By Whom ? \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Are you IATF 16949 registered ?    Yes         No   
 When? \_\_\_\_\_ By Whom? \_\_\_\_\_ Expiration Date: \_\_\_\_\_

***Other Quality Certifications/Awards***

Company/ Organization	Award	Award Date	Expiration Date

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**PERSONNEL BREAKDOWN**

Department	Location	Indirect / Salary	Direct / Hourly	Total
Engineering				
Quality				
Supplier Development				
Purchasing				
Production				
Packaging/Shipping				
Maintenance				
Production Control				
Material Control				
Accounting				
Tool Design				
Prototype/Fabrication				
Industrial Engineering				
Training				
Administrative				
Human Resources				

Are you a Certified Full Service Supplier to any of your customers?

Yes  No

Who? \_\_\_\_\_

Do you have any long-term agreements with your customers? Yes  No

With whom? (Terms and conditions) \_\_\_\_\_

Do you have any long-term agreements with your suppliers? Yes  No

With whom? (Terms and conditions) \_\_\_\_\_

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**LABOR AGREEMENTS**

Do you have a labor union agreement?      Yes       No

Bargaining Agent Local Number(s)	Groups Represented	Contract Expiration Dates

Do you have a no-strike agreement?      Yes       No

Conditions: \_\_\_\_\_

Strike History: (date, duration, reason for previous labor disputes)

Current average direct unskilled labor rate for production:

Entry Level rate: \_\_\_\_\_

Maximum rate: \_\_\_\_\_

Current average direct skilled labor rate for production:

Entry Level rate: \_\_\_\_\_

Maximum rate: \_\_\_\_\_

Are there any governmental regulations affecting your workforce, such as, limited weekly hours, who can work an evening shift, weekend work, etc.?

Yes. Explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

No.

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**FACILITY DATA (complete this section for each location)**

Building, Type \_\_\_\_\_ Age \_\_\_\_\_

Square Footage: \_\_\_\_\_

Building is : Owned  Leased  Lease Expires \_\_\_\_\_

Equipment is: Owned  Leased  Lease Expires

Major production machinery/equipment (attach list if necessary)

Secondary operations (attach list if necessary)

**TRANSPORTATION FACILITIES**

Private rail spur? \_\_\_\_\_ Name of railroad \_\_\_\_\_

Nearest airport? \_\_\_\_\_

Nearest seaport? \_\_\_\_\_

Major air freight services used \_\_\_\_\_

Major motor freight services used \_\_\_\_\_

Major shipping services used \_\_\_\_\_

Do you use a freight consolidator?      Yes                       No

Who? \_\_\_\_\_



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**ELECTRONIC CAPABILITIES**

Do you have a MRP or ERP system?    Yes             No

Type of Computer \_\_\_\_\_ Name of Software \_\_\_\_\_

Do you have EDI?    Yes             No

Does your Engineering group have CAD capability?    Yes             No

What system are you using? \_\_\_\_\_

How many workstations? \_\_\_\_\_ Number of trained operators: \_\_\_\_\_

Do you have solid modeling capability?            Yes             No

What system(s) are you using? \_\_\_\_\_

Are you capable of accessing the Internet?    Yes             No

Who is your service with? \_\_\_\_\_

What is your E-mail address: \_\_\_\_\_

What is your Web site address: \_\_\_\_\_

Do you have your own IP number?            Yes             No

What is it? \_\_\_\_\_

Name of Information Service Contact: \_\_\_\_\_

Information Service Contact Phone: \_\_\_\_\_

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**COMMERCIAL**

**FINANCIAL INFORMATION: (FORECASTS)**

FISCAL YEAR	2021	2022	2023	2024	2025
Annual Sales:					
Automotive Sales:					
Return on Assets:					
% of Sales Safety/Critical Componentets:					
Asset Turns					
R&D Expenditure as % of Sales:					
Manufacturing Capacity Utilization:					

**COST REDUCTION HISTORY (IN PAST 12 MONTHS)**

Direct/Indirect Overhead; \$ \_\_\_\_\_

Direct Labor: \$ \_\_\_\_\_

Are your annual statements available to us? Yes  No

Attached \_\_\_\_\_