Innovation & Action
INOAC

Supplier Application Form

GENERAL INFORMATION

Company Name: _____ Website Addess: _____

Alternative Name(s): _____ Type of Ownership: ☐ - Public ☐ - Private

Parent Company Name: _____ ☐ - Other _____

Minority Certified Supplier (Y/N): _____ Woman Owned Business (Y/N): _____ Veteran Owned Business (Y/N): _____

Other Type of Business: _____ (Please attach copies of all certifications to / with this application)

Primary products/ components/ service offered: **(Please attach/submit a presentation of your company for consideration)**

Unique or Innovative Product(s) or Service(s):

Total Annual Sales: US $ _____ Number of Employees: _____

Top Three Customers:	Name:	% of Sales:	Primary Product or Service

LOCATION INFORMATION

Main Office Location:

Address: _____

City: _____

State/Provience: _____ Country: _____ Postal Code: _____

Facility Phone: _____ Facility Fax: _____

Manufacturing/Service Location:

Address: _____

City: _____

State/Provience: _____ Country: _____ Postal Code: _____

Facility Phone: _____ Facility Fax: _____

Production Hours: _____ to _____ Shifts: 1st _____ 2nd _____ 3rd _____

		Yes/No	Future Plan		Yes/No	Future Plan
Quality & Other Certifications:	IATF 16949			ISO 27001/TISAX		
	ISO 9001			CTPAT		
	ISO 14001					

Other Certifications (Please list below): _____

CONTACT INFORMATION

Sales Contact:

First Name: _____

Last Name: _____

Title: _____

Email: _____

Phone Number: _____

Executive Contact:

First Name: _____

Last Name: _____

Title: _____

Email: _____

Phone Number: _____

Please send completed form and company profile / information to: purchasing@inoacusa.com and it will be routed accordingly.