

SUPPLIER'S DATA	
Company Name	
Type of Activity	
Address	Street:
	City:
	State:
COMPANY ORGANIZATIONS	
Chief Executive Officer:	
Quality Manager	
Responsible for documentation reception	
Company Manpower	
CERTIFICATION (please attach copy of all certification)	
ADDITIONAL INFORMATION	
MAJOR CUSTOMER APPROVAL (please attach copy of all approvals) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Approval Signature	

Supplier <i>name, date, signature</i>	
AJT Quality <i>name, date, signature</i>	