Benchmark Connector Corp.

SUPPLIER QUALITY CERTIFICATION

Name _____ Company: _____ Date: _____

Dear Supplier :
In order to update our Quality Mangement System documentation, please complete the information requested below and reply to:

Attn: Peter Stefani **Phone:** **(954) 746-9929 x 224**
Manager of Quality Assurance **Fax:** **(954) 746-0959**
Benchmark Connector Corporation **E-mail:** **pstefani@benchmarkconnector.com**

Your Company Name	
Physical Address	
City/State/Zip	
Mailing Address	
Main Phone #:	
Main Fax #:	
Website	
Main product or service provided	

QUALITY CONTACTS

NAME	TITLE	PHONE NUMBER	E-mail Address

QMS to	REGISTER BODY	CERTIFICATE NUMBER	EXPIRATION DATE
1 **NADCAP**			
2 **ISO 9001:2008**			
3 **AS9100: 2009**			
4 **AS9200:**			
5 **AS14000**			
6 **TS16949**			
7 **Other (please detail)**			

No Certification ?	Please elaborate if your Quality System is in compliance with one of the selections above:																	
Plans for certification?	**To QMS #**	1		2		3		4		5		6		7		**Date planned:**		

Information provided by: **Phone:** _____
Name: _____ **Fax:** _____
Title: **E-mail:**