**广东天元实业集团股份有限公司**

**供应商调查问卷-服务类**

**申明：**

1. 本调查旨在了解供方信息，按照供应商选择标准进行供应商的开发、选择。  
2. 本公司对企业提供的信息承担保密责任，这些信息不会被用于本公司供应商选择以外的其它商业目的。  
3. 填表企业明确了解并同意接受本公司或由本公司安排的现场考察。  
4. 填表企业对所填内容的真实性负责。  
5. ***以下所有要求填写的信息不能为空，如果贵公司认为不适用，可以填写不“不适用”或“无”。***

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| **一、组织状况** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 供应商全称： | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 注册地址： | | | | | | | | | | | | | | | 企业网址： | | | | | | | | | | | |
| 成立时间： | | | | | | | | | | | | | | | 注册资本： | | | | | | | | | | | |
| 员工状况 | | 总数： 人；其中管理：　　人；技术　　　人；  学历构成：研究生及以上： 人；大专本科 人；高中及以下　　人 | | | | | | | | | | | | | | | | | | | | | | | | |
| 企业性质 | | 生产类　　贸易类 　 服务类 | | | | | | | | | | | | | 民营 国有 合资 外资 | | | | | | | | | | | |
| 法人代表： | | | | | | | | 职务： | | | | | | | | | | | | | | | | | | |
| 电话: 传真: E-Mail: 微信： | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 企业负责人： | | | | | | | | 职务： | | | | | | | | | | | | | | | | | | |
| 电话： 传真: E-Mail: 微信： | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 业务联系人： | | | | | | | | 职务： | | | | | | | | | | | | | | | | | | |
| 电话: 传真: E-Mail: 微信： | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 品质负责人： | | | | | | | | 职务： | | | | | | | | | | | | | | | | | | |
| 电话： 传真: E-Mail: 微信： | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 开户名称： | | | | | | | | | | | | | | | | | 开户银行： | | | | | | | | | |
| 银行账号： | | | | | | | | | | | | | | | | 企业信用等级： | | | | | | | | | | |
| 营业执照号： | | | | | | | | | | | 税务登记证号： | | | | | | | | | | | | | | | |
| 纳税类型： 一般纳税人 小规模纳税人 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 发票类型： 增值税专用发票 非增值税专用发票 税率： | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **二、企业生产情况** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 主要产品/服务： 为我司提供产品/服务： | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 年销售额（万人民币）： 办公面积： | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 主要供应商 | 提供产品/服务 | | | | | | 供应商名称 | | | | | | | | | | | | | | 备注 | | | | | |
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| **三、主要产品及服务** （说明：若有需要，请自行增加行/列数，下同） | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 主要产品／服务名称 | | | | | | 销售额 | | | | | | | | 占公司总业务的份额% | | | | | | | | | 优势概述 | | | |
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| **四、主要客户情况及项目情况** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 客户名称 | | | | 客户所属行业 | | | | | | 项目名称及内容 | | | | | | | | 合同金额 | | | | | | 项目实施/完成日期 | | |
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| **五、竞争优势** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 企业品牌形象 成本优势 人才优势 经验丰富 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 有广泛客户资源 模式先进 可提供综合服务 其他 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **六、贵公司是否制定有完善的客户信息保密制度并严格执行？** 是 否 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **七、企业通过的认证 （是否属于强制执行有关质量或安全认证的行业：** 是 否 **）** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 资质证书名称类型 | | | | | 认证机构 | | | | | | | 适用于 | | | | | | | | | | 签发日期 | | | | 有效期至 |
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| **八、专利/专有技术/许可 （若没有，则填写“无”）** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 专利/专用技术/许可名称 | | | 授予机构 | | | | | | 适用于 | | | | | | | | | | | 有效期 | | | | | 特点与价值 | |
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| **九、所获的主要荣誉（若没有，则填写“无”）** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 荣誉名称 | | | 颁发单位 | | | | | | | | | | 颁发时间 | | | | | | 特点与价值 | | | | | | | |
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| **十、基本资质信息（原件盖章）** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 公司介绍 营业执照复印件 税务登记证复印件 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 组织机构代码证 企业组织架构图 银行开户证明 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 生产/经营许可证 ISO9001证书复印件 ISO14001证书复印件 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 服务团队介绍（针对向天元提供服务的介绍，包括：从业年限、相关经验、主要成绩、联系方式等等） | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **十一、合作方面问题回答** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1.有无服务外包的现象？对我司服务如有外发能否先取得我司同意？并接受我司监查？ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 答： | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2.是否能提供事先、事中、事后的方案讲解、培训？ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 答： | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3.是否有对C-TPAT进行管理？ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 答： | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4.是否对知识产权进行管理？ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 答： | | | | | | | | | | | | | | | | | | | | | | | | | | |

填表人（如非业务联络人或法人代表，需另附授权书）：

日期：

企业盖章：