



PPG INDUSTRIES, INC.

SUPPLIER QUALIFICATION BACKGROUND INFORMATION

The information provided by you will be held strictly confidential within PPG.

COMPANY INFORMATION

Company Name: **Corporate Address:** **Website:**
Sales Contact: **Phone No.:** **FAX No.:** **E-mail:**
Public, or privately held company? **If private, who owns the company?**

Number of years the company has been in business:

Primary business/product/service:

Number of years in business for this product/service line:

Are your headquarters in Jersey City?

If no, do you operate from a facility in Jersey City? Please describe.

How many of your employees live in Jersey City?

Percent capacity at which this company is currently operating:

Minority / disadvantaged business enterprise? Yes No

If yes, indicate minority classification and number:

Financial or Banking References:

Name:

Contact:

Phone Number:

Total annual sales:

Profit/loss in same time period:

Has your company ever filed for bankruptcy? Yes No

Year: Chapter:

Is your company currently in bankruptcy? Yes No

Is there a design group? Number of design employees:

Is company EDI capable of receiving purchase orders/releases, forecasts and transmitting invoices?

Has company recently received customer or supplier quality awards or certifications? Yes No



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If yes, from whom and when?

Is your company accredited for any of the following:

ISO-9000	Yes <input type="checkbox"/>	No <input type="checkbox"/>	ISO/TS 16949	Yes <input type="checkbox"/>	No <input type="checkbox"/>
QS-9000	Yes <input type="checkbox"/>	No <input type="checkbox"/>	ISO-14001	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Attach copies of awards and certificates:

Is company a CMA Responsible Care[®] member?

CUSTOMERS: Please list your top three customers with type of market, annual dollars sold and % of total sales:

- 1.
- 2.
- 3.

SUPPLIERS: Please list your company's the top three suppliers (Company name, contact and phone number) as references who PPG may contact.

- 1.
- 2.
- 3.

REFERENCES: Please list three current customers (Company Name, Phone Number, Contact Person) as references which PPG may contact:

- 1.
- 2.
- 3.

COMPETITORS: Please list your top three competitors:

- 1.
- 2.



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3.

If a work interruption occurs, how will the company supply PPG with services?
This question must be answered to be considered as a supplier to PPG.

Please attach a copy of the following information if the box is checked :

Company/facility Organization Chart: x

Quality Policy and Mission Statement: x

Audited financial report for the past fiscal year: x

and return them with this completed form to PPG. The information provided by you will be held strictly confidential within PPG.

Submitted by:

Date:

Title:

Phone No.:

E-mail: