



QUESTIONNAIRE

Are you a Manufacturer or a Trading company or Agent

Company Name :	Tel. :
Director's Name :	E-mail :
Office Address :	Mobile :
Sales Manager :	Website :
Factory Name :	Mobile :
Address :	Tel.:
Production Manager :	E-mail :
	Mobile :

General Questions about Factory :

Year of Establishment : No. of employee : Build Area m2: Land Area :

General Line Of Business :

Production Facilities:

How many KD Chambers: Total Chamber (m3): Kiln capacity m3/month :

Moldings Machines :

No Brand	spindles :	No Brand	spindles :
No Brand	spindles :	No Brand	spindles :

Painting Facilities	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please describe :
Clamp Carrier	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of units : maximum length in meter :
Finger Jointing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of units : maximum length in meter :
Wide Belt Sanding	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of units : maximum length in meter :
Surface Double Planner	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of units : maximum length in meter :
Sawmill	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please describe :
Optimizer	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please describe :
Ripsaw	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of units : Please describe :
Profile Wrapping Machine for veneer wrapping	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of units : Please describe :

Products:

What are your standard products?
 How many 40' container is your monthly capacity? How many free capacity ?
 Which are your market countries?

Species:

type of wood species you carry :
 What is the stock level on sawn timber / species?
 If you supply FSC certified wood , for what species?

<u>Certification:</u>	ISO 9001/14000	No <input type="checkbox"/>	Yes <input type="checkbox"/>	if yes what is the number ?.....
	FSC COC	No <input type="checkbox"/>	Yes <input type="checkbox"/>	if yes what is the number ?.....
	SA 8000	No <input type="checkbox"/>	Yes <input type="checkbox"/>	if yes what is the number ?.....

Date: Name : Signature-----