

Compatible/Remanufacturer Application

Contact Information

Application Date: _____

Company Name: _____

Individual Contact: _____ Title: _____

Address: _____

Direct Phone: _____ Fax: _____

Email: _____ Web Address: _____

Company Overview

Dunn's # _____

Is this a privately held corporation? (If yes, please list the principal owners.)

Other Company affiliates with common ownership: _____

Number of years in business _____ Revenue for last fiscal year _____

Expected growth % for current fiscal year over previous fiscal year: _____

Company/product focus _____

Total number of Employees _____ Average tenure of Employees _____

Administrative Employees _____ # Production Employees _____

Warehouse location(s) _____



Standard Business Terms

Payment terms _____

FOB Point (specify plant or destination) _____

Minimum \$ Order Requirements (if applicable) _____

Minimum \$ Order Requirements to qualify for free freight: _____

Expected lead-time for order fulfillment after receipt of order: _____

Capacity

Average cartridges manufactured per month _____

Total cartridge production capacity of current manufacturing facilities: _____

Production Locations: _____

Are all cartridges manufactured in the USA? If not, please explain _____

Shipping Locations: _____

Average number of daily shipments _____

Average number of cartridges per shipment _____

Production (Continued on next page)

When raw materials enter your facility, please explain the validation process that takes place?

List product specifications: _____



Production (Continued)

• Internal Components used in Manufacturing:

New components used in cartridge manufacturing: _____%

Recycled components used in cartridge manufacturing: _____%

Are drums replaced all of the time? _____

Explain any exceptions: _____

• Chip Utilization:

Are all cartridges available with current chip technology if applicable? _____

What chip manufacturer(s) are being used? _____

• External Components:

Are "Virgin" cores used in manufacturing all of the time? _____

Please explain any exceptions: _____

Are ALL OEM labels removed completely from the cores? _____

Do you currently have a core reclamation program in place? Please explain: _____

Cores reclaimed by your company _____% Cores purchased from brokers _____%

Quality Control

What post testing procedures are in place?

Is each cartridge individually tested? _____

Does this testing occur on the production line? _____

What is the documented defective rate of cartridges that fail post testing? _____%

What is the overall documented defective rate for product going into the field? _____%

When defective product comes back to your facility, what steps are taken to identify problems?

Company Certification

Check applicable certifications:

ISO 9001:2000	_____	STMC	_____
ISO 14001:2004	_____	3 Degrees Partner	_____
Sustainable Forestry Initiative	_____	EPA Green Power Partner	_____
Forest Stewardship Council	_____	Other	_____

Further documentation may be requested.

Packaging Specifications

How many box sizes are currently used in your production? _____

Is four-color packaging available? _____ Do you have bar-coding capabilities? _____

Please explain the inner packaging of your offering (i.e. foam end caps, cardboard inserts, etc.)

Are any materials (i.e. warranty, test print) included in the final product? _____

Industry Overview

On a scale of 1 to 10 (10 being the highest), please rank your knowledge of the industry as a whole.

Low 1 2 3 4 5 6 7 8 9 10 High

Explain _____

List at least three other companies you consider to be your competitors:

What separates you from these companies?



Customer Profile

Total # of active customers: _____

_____ % Retail	_____ % Wholesaler
_____ % Dealer	_____ % Other
_____ % End-User	100% Total

Number of Private Labels produced: _____

What is the biggest challenge facing the remanufacturing industry today and how are you prepared to face this challenge?

Business References

Reference # 1

Company Name: _____

Individual Contact: _____ Title: _____

Address: _____

Direct Phone: _____ Email: _____

Years Known: _____

Reference # 2

Company Name: _____

Individual Contact: _____ Title: _____

Address: _____

Direct Phone: _____ Email: _____

Years Known: _____

Narrative

With your completed application, please include up to a one page narrative explaining what value you would add to our product offering and company.

Warranty

Full product warranty documentation must be submitted at time of application.

Product Availability

A complete wholesale pricelist with all available products must be submitted at time of application.

Submit Completed Application

Submit your completed application with narrative, product warranty, supplies offering with wholesale prices to the following:

Tom Jung, Senior Product Manager
Supplies Network
5 Research Park Drive
St. Charles, MO 63304

Email: jung@suppliesnetwork.com
Fax: 636-720-3155