



METAL PROFESSIONALS

CUSTOMER QUESTIONNAIRE

Metal Professionals requires all potential customers provide the information requested in this form. Metal Professionals uses this form to ensure we provide our customers with quality parts and services.

Section 1 – General Information									
Identification									
Company Name:									
Address:									
City:		State:	Choose an item.	Zip:					
Country:			Website:						
Company Financials									
Preferred Payment Method	Choose an item.		Terms:	Net 30 or Credit Card at time of order.					
Is your company Tax Exempt?	<input type="checkbox"/> No <input type="checkbox"/> Yes		Tax Exempt #:						
			State:	Choose an item.					
Is your billing address the same as your address above?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Address:							
		City:		State:	Choose an item.	Zip:			
Bank Name:			Contact:						
Bank Address:									
City:		State:	Choose an item.	Zip:					
References									
Company:									
Address:									
City:		State:	Choose an item.	Zip:					
Phone:		Email:				Type of Account:			
Company:									
Address:									
City:		State:	Choose an item.	Zip:					
Phone:		Email:				Type of Account:			
Company:									
Address:									
City:		State:	Choose an item.	Zip:					
Phone:		Email:				Type of Account:			
Company Information									
Are you a subsidiary or division of another corporation?	<input type="checkbox"/> No <input type="checkbox"/> Yes, Parent Company:		Are you Privately or Publicly held?	<input type="checkbox"/> Private <input type="checkbox"/> Public, Stock Symbol:					
Year Established:			D&B Number:						

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Fed Tax ID (EIN):		Primary Standard Industry Code (SIC):	
Describe Products and Services your company provides:			
Describe Products and Services Metal Professionals can provide your company:			Check all that apply: <input type="checkbox"/> Industrial <input type="checkbox"/> Industrial Production <input type="checkbox"/> Industrial R&D <input type="checkbox"/> Medical <input type="checkbox"/> Medical Production <input type="checkbox"/> Medical R&D <input type="checkbox"/> Medical Silicone
Corporate Classification			
Check all the classifications that apply. <small>(Note: Classifications must be certified by the SBA. See SBA rev.13 Part 121 for guidance)</small>	<input type="checkbox"/> Individual <input type="checkbox"/> Small Business <input type="checkbox"/> Small Disadvantaged Business <input type="checkbox"/> Large Business <input type="checkbox"/> Nonprofit Business / Organization <input type="checkbox"/> Historically Black College / Minority Institute	<input type="checkbox"/> Woman – Owned Small Business <input type="checkbox"/> Woman – Owned Small Disadvantaged Business <input type="checkbox"/> Historically Underutilized Business Zone (HUD Zone) <input type="checkbox"/> Veteran Owned Business <input type="checkbox"/> Service – Disabled Veteran Owned Business	

Section 2 - Personnel				
Management				
Name:		Phone:		Email:
Name:		Phone:		Email:
Name:		Phone:		Email:
Accounts Payable				
Name:		Phone:		Email:
Name:		Phone:		Email:
Name:		Phone:		Email:
Ship to Facilities				
Address:				
City:		State:	Choose an item.	Zip:
Address:				
City:		State:	Choose an item.	Zip:
Address:				
City:		State:	Choose an item.	Zip:
Address:				
City:		State:	Choose an item.	Zip:

If you have additional ship to facilities, please provide them on an additional sheet of paper.

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Section 3 – Quality																							
Certifications & Registrations																							
Are you and ISO registered facility?	<input type="checkbox"/> No: Do you have plans to become certified? <input type="checkbox"/> No <input type="checkbox"/> Yes, When? <input type="checkbox"/> Yes, Enter type: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr style="background-color: #d9d9d9;"> <th style="width: 25%;">Certificate</th> <th style="width: 25%;">Expiration Date</th> <th style="width: 25%;">Registrar</th> <th style="width: 25%;">Certificate Number</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> ISO 9001</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> ISO 13485</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> ISO 17025</td> <td></td> <td></td> <td></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			Certificate	Expiration Date	Registrar	Certificate Number	<input type="checkbox"/> ISO 9001				<input type="checkbox"/> ISO 13485				<input type="checkbox"/> ISO 17025							
Certificate	Expiration Date	Registrar	Certificate Number																				
<input type="checkbox"/> ISO 9001																							
<input type="checkbox"/> ISO 13485																							
<input type="checkbox"/> ISO 17025																							
Are you FDA registered?	<input type="checkbox"/> No <input type="checkbox"/> Yes, Registration Number:																						
Do you have other registrations?	<input type="checkbox"/> No <input type="checkbox"/> Yes, Registration Number:																						
Order Specifications																							
Preferred Shipping Method: (As off 10/15/2021 we only offer UPS services)		Shipper Account Number: (If no number provided it will be invoiced)																					
Do you require COC's?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Do you require Material Certifications?	<input type="checkbox"/> No <input type="checkbox"/> Yes																				
Overage Parts: What would you like MP to do with any overage?	<input type="checkbox"/> Discard all overage. <input type="checkbox"/> Retain all overage with lot records for 1 year, then discard. <input type="checkbox"/> Ship up to 10% overage and charge on invoice. Overage exceeding 10% of order will be discarded.																						
Inspection Requirements:	<input type="checkbox"/> No inspection records need to be retained. <input type="checkbox"/> Inspection records should be retained with the lot record. <input type="checkbox"/> Inspection records should be retained with lot record and shipped with parts. ** Metal Professionals has a standard of 100% inspection on dimensions noted critical on drawing or requested by customer at time of order. 10% on other dimensions on drawing.																						

Section 4 – Questionnaire Completion			
Completed By:		Title:	
Approved By:		Title:	
		Date:	
Return Form			
By Mail: Metal Professionals QMS – Customer 4355 S County Road C South Range, WI 54874 USA	PDF By Email: ap@metalprofessionals.net Subject: QMS - Customer	Metal Professionals ask that you return this questionnaire within 5 business days.	
Thank you again for your cooperation with this process.			

On the next page is a copy of Metal Professionals W9 and ISO 9001:2015 Certificate for your company records.

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CUSTOMER QUESTIONNAIRE

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your Income tax return). Name is required on this line; do not leave this line blank.
Steven A Schick

2 Business name/disregarded entity name, if different from above
Metal Professionals

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.
 Individual/sole proprietor or single-member LLC
 C Corporation
 S Corporation
 Partnership
 Trust/estate
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____
Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.
 Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any) _____
Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
4355 S County Road C

6 City, state, and ZIP code
South Range, WI 54874

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number
____ - ____ - ____

OR
Employer identification number
9 2 - 0 1 8 9 9 1 5

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ▶ *Samantha E. Schick* Date ▶ *02/10/2022*

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)
Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Cat. No. 10231X

Form **W-9** (Rev. 10-2018)

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CERTIFICATE



This is to certify that

Metal Professionals

4355 County Rd C
South Range, WI 54874
United States of America

has implemented and maintains a **Quality Management System.**

Scope:
Design and manufacture of custom components and fabrication of assemblies.

Through an audit, documented in a report, it was verified that the management system fulfills the requirements of the following standard:

ISO 9001 : 2015

Certificate registration no. 10017872 QM15
Date of original certification 2020-08-19
Date of certification 2020-08-19
Valid until 2023-08-18



DQS Inc.

Brad McGuire
Managing Director

Accredited Body: DQS Inc., 1500 McConnor Parkway, Suite 400, Schaumburg, IL 60173 USA

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