

# CHASE AEROSPACE VENDOR FORM



Phone: 407.812.4545  
Fax: 407.812.6260

## Company Information

## Basic Information

Industry Type:

Commercial  Non-Commercial  Both

Vendor Name:

Prepared By:

Email Address:

Telephone:

Fax:

Address:

Zip/Postal Code:

City:

State/Province:

Country:

## Company Information

## Organisation Structure

President:

Vice President:

Q.A. Manager:

Chief Inspector:

Other (Please state title):

Other (Please state title):

## Company Information

## Number of Employees

Office:

Production:

Q.A.:

Other:

## Company Information

## Building Information

Office Space (ft<sup>2</sup>):

Production (ft<sup>2</sup>):

Inspection (ft<sup>2</sup>):

Other (ft<sup>2</sup>):

## Company Information

## History

Years in Business (Yrs):

Company Information

Type of Business

Business Type: (Check all that Apply):

- Broker/Surplus Supplier
- Air Carrier
- Distributor
- Certified Manufacturer
- Repair Station
- 121/129 Operator
- Non-121/129 Operator

Company Information

Quality Administration

Is the quality manual/system organized in accordance with:

- ISO 9000
- AS9100
- AS9110
- AS9120
- CASE
- ASA-100

Cert. Number: \_\_\_\_\_

Cert. Number: \_\_\_\_\_

Cert. Number: \_\_\_\_\_

Cert. Number: \_\_\_\_\_

Last Audited (mm/dd/yyyy): \_\_\_\_\_

Other Government Standards:

Please print and complete this form and return it to:

Chase Aerospace  
 4493 36th Street  
 Orlando, FL 32811  
 USA

