

## INFORMATION ABOUT THE COMPANY

**Name of the company:**

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Address:

Street:

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Post-box:

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Area code and city:

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Telephone:

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Fax:

-

Telex:

-

e-mail:

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**Contact:**

**Management:**

Name:

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Telephone:

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**Sales/ order processing department:**

Name:

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Telephone:

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**Procurement /logistics department:**

Name:

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Telephone:

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**Production/ production planning dep.:**

Name:

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Telephone:

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**Group information:**

Parent company:

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Associated enterprises:

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## GENERAL DATA ABOUT THE COMPANY

1. Please state the total sales amount of the following products/ services in the last two fiscal years?

|                                  | 2013<br>(€) | 2014<br>(€) |
|----------------------------------|-------------|-------------|
| a. Own products (incl. refining) | €           | €           |
| b. Trading goods                 | €           | €           |
| c. Services                      | €           | €           |
| <b>total sales amount</b>        | <b>€</b>    | <b>€</b>    |

2. Please state the average number of employees in the company or business unit (all figures stated as full-time equivalent employees / EC) in the a.m. financial years:

|  | 2013<br>employees | 2014<br>employees |
|--|-------------------|-------------------|
| a. of which production (including warehouse and logistics) | Emp.              | Emp.              |
| b. of which administration (including purchasing)          | Emp.              | Emp.              |
| c. of which selling (including field sales)                | Emp.              | Emp.              |
| d. of which services                                       | Emp.              | Emp.              |
| <b>Total number of employees</b>                           | <b>Emp.</b>       | <b>Emp.</b>       |

3. What kind of customers are you working for? Please state the relative sales amount as part of the total sales amount for type mentioned above.

| Types of customer / sectors          | Relative sales amount |
|--------------------------------------|-----------------------|
| a. Machine building industry         | %                     |
| b. Special machine building industry | %                     |
| c. Steel construction                | %                     |
| d. Tool construction                 | %                     |
| e. others (please notice:)           | %                     |
| f.                                   | %                     |
| g.                                   | %                     |
| h.                                   | %                     |
| i.                                   | %                     |
| j.                                   | %                     |
| <b>total:</b>                        | <b>100%</b>           |

4. We are interested in the product and service range of your company? Please state the name of the related product- or service-groups (ex. production of turned parts, tool construction, packaging services, transport services, etc.)? Please indicate additionally the average percentage of the sales amount for each product- or service-group in the last three fiscal years, relatively to your total sales:

| Product-group       | Relative sales amount |
|---------------------|-----------------------|
| a. _____            | %                     |
| b. _____            | %                     |
| c. _____            | %                     |
| d. _____            | %                     |
| <b>total:</b> _____ | 100%                  |

5. Do you give orders to sub-contractors? Please give us information which processes are manufactured by this group.

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## PRODUCTION PART

1. Please state the number of employees in the production:

**Production**

of which are direct employed:

|  |
|--|
|  |
|--|

of which are indirect employed:

|  |
|--|
|  |
|--|

2. Please state the number of shifts you normally perform in your production and state the exception for special machines or production steps:

|  |
|--|
|  |
|  |
|  |

3. State the production processes and the type of machines you use. Please indicate your maximum capacity and your average loading rate. Please state the information for each of the production processes you use (e.g. welding, milling, turning etc.). Please send us your latest list of your machinery used in your company.

4. Is your company certified?

Yes  , according to DIN/ISO \_\_\_\_\_

No

Others: \_\_\_\_\_

5. Have you lifting devices in your fabriaction and with which carrying capacity?

| Lifting device | Max.<br>Capacity (kg) |
|----------------|-----------------------|
|                |                       |
|                |                       |
|                |                       |
|                |                       |
|                |                       |

**6. Is your company able to deliver complete mechanical-mounted steel constructions?**

Yes

No

**7. Which methods of testing and measuring do you have in your company? How are these measures and tolerances documented?**

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## REFERENCES

1. Please state for the given types of customers or sectors your references and the delivered product types:

| types of customer/ sectors           | Type of products |
|--------------------------------------|------------------|
| a. Machine building industry         |                  |
| b. Special machine building industry |                  |
| c. Steel constuction                 |                  |
| d. Tool construction                 |                  |
| e. Complete mounted constructions    |                  |
| f. Others (please notice:)           |                  |
| g.                                   |                  |
| h.                                   |                  |
| i.                                   |                  |

Please even send us **digital photos** of your manufactured products!  
(E-Mail: [as@beck-maschinen.de](mailto:as@beck-maschinen.de))

Many thanks for your help! We will come back to you soon!

*Yours Beck Maschinenfabrik GmbH*