



## **SUPPLIER CONTACT INFORMATION**

Periodically Harley-Davidson will require you to provide an update of your company's contact information so that our files will be up to date. Information required for each Harley-Davidson site may vary dependent upon the specific needs of the facility. However, a core group of required supplier information will exist.

A sample form is provided on the following page to assist suppliers in understanding the information requirements we need as an organization. As you will see, the form requests contact names for a number of functional areas. This information will allow Harley-Davidson to contact the appropriate individual within the supplier's organization. This direct contact will minimize non-value-added activity.

Each Harley-Davidson location will require you to complete a form similar to the one provided on the next page. This sample form could be used to update information at any of the Harley-Davidson sites. Harley-Davidson's vision includes creating a secure interactive supplier website where information such as contact information can be accessed. After development of this website, suppliers will be required to maintain their own company information.



### SUPPLIER CONTACT INFORMATION

Supplier Name & Address:

Phone #:                      Fax #:

Supplier Manufacturing Address (if different than above):

Supplier Remit To Address (if different than above):

**Business Category:**

- |  |  |
|--|--|
| <input type="checkbox"/> Charity       | <input type="checkbox"/> Manufacturing                     |
| <input type="checkbox"/> Corporation   | <input type="checkbox"/> Partnership                       |
| <input type="checkbox"/> Government    | <input type="checkbox"/> S Corporation                     |
| <input type="checkbox"/> Hospital      | <input type="checkbox"/> Sole Proprietorship               |
| <input type="checkbox"/> Individual    | <input type="checkbox"/> Other Exempt or None of the Above |
| <input type="checkbox"/> International |  |

**Minority Class:**

- Minority Owned  
 Woman Owned  
 Both Minority/Woman Owned  
 Neither

**Race:**

- African American  
 Asian American  
 Caucasian / European American  
 Hispanic American  
 Native American

Unionized?    Yes    No  
 Union Name:                      Contract Expiration Date:

**Executive Contact**

Name:  
 Title:  
 Phone #:  
 Fax #:  
 E-Mail:

**Sales Contact**

Name:  
 Title:  
 Phone #:  
 Fax #:  
 E-Mail:

**Engineering Contact**

Name:  
 Title:  
 Phone #:  
 Fax #:  
 E-Mail:

**Quality Contact**

Name:  
 Title:  
 Phone #:  
 Fax #:  
 E-Mail:

**Manufacturing / Scheduling Contact**

Name:  
 Title:  
 Phone #:  
 Fax #:  
 E-Mail:

**Customer Service Contact**

Name:  
 Title:  
 Phone #:  
 Fax #:  
 E-Mail:

**Packaging Contact**

Name:  
 Title:  
 Phone #:  
 Fax #:  
 E-Mail:

**Transportation Contact**

Name:  
 Title:  
 Phone #:  
 Fax #:  
 E-Mail:

**Electronic Commerce Contact**

Name:  
 Title:  
 Phone #:  
 Fax #:  
 E-Mail:

**Emergency / After Hours Contact**

Name:  
 Title:  
 Phone #:  
 Fax #:  
 E-Mail: