

TRACK LIGHTS

Please complete this Questionnaire if you wish to receive a response to your offers and email it to ledlightingconsultants@gmail.com

Potential Supplier Questionnaire

Company Address and Contact Information

Company Name: _____

Address: _____

City: _____ State/Province: _____ Country: _____ Zip/Postal Code: _____

Factory Location if different than above address _____

Website URL: _____ Tel: _____ Fax: _____

Contact Name: _____ Contact Title _____ Skype ID: _____

E-mail Address _____ Name and email of Supervisor _____

Which types of light fixtures do you make which are UL listed : _____

Are these your own design and mould or generic types: _____

Are you supplying others OEM fixtures: _____

Please provide links to the designs in your website: _____

Which countries and markets are you exporting these fixtures: _____

Show what wattages are available and if these are active or passive heat dissipation types: _____

What is the cost for our client to have co listing of the UL of the products they purchase and for which you have UL listing: _____

Please show your UL listing number and date of the same: _____

What other certifications do you have for the same:

DLC, UL, CUL, CE, TUV, RHOS, LM79/80, Energy Star, VDE, Others please specify: _____

Do you provide warranty for 5 years, 3 years. Please attach a copy of the same: _____

What types and brands of chips are available in your fixtures, 3528, 3014, 5630, 5050, high power ,other (please specify): _____

What is your current input (like 150mA or 250mA, etc): _____

What is the maximum rating of the chip current input and what percentage is your input from this maximum (like 50% or 60%): _____

Who are your suppliers of the chip packaging: _____

What brand of drivers do you use: _____

What brand of capacitors do you use: _____

Are your PC boards made of aluminum?: _____

Can our client have their name printed on the PC board and the fixture: __Yes__ No _____

What is the lumen depreciation you expect for the first year, second year, and life of the tubes: _____

In your production how many QC points are used and at what stages: _____

What method of aging do you use and for how many hours: _____

Is your factory ISO certified: __Yes__ No _____

What other QC control certifications does your factory have and by whom: _____

Does your firm have product liability insurance and which countries is it for: _____

What references can you offer for your company:

