STANDARD MOTOR PROCUCTS, INC.
1300 West Oak   Independence,
Kansas 67301-07885   Phone: 620-331-1000

REQUEST FOR QUOTA

TO:		FROM:	
ATTN:		**PHONE:**	
FAX:		**FAX:**	
Request Date:		**EMAIL:**	
Reply By Date:			

PRINT OR SPECIFICATION ATTACHED (Y/N):   ☐ YES   ☐ NO

PART NUMBER: [   ]   REVISION: [   ]

DESCRIPTION: [   ]

ESTIMATED ANNUAL USAGE: [   ]

QUOTE IN QUANITIES OF: [   ]

NEW ITEM (Y/N): ☐ YES ☐ NO   REQUOTE (Y/N): ☐ YES ☐ NO

PPAP REQUIRED (Y/N) ☐ YES ☐ NO   (AIAG DEFINED LEVEL 3 IS DEFAULT LEVEL

WHEN PPAP IS TO BE AT OTHER THAN AIAG LEVEL 3:   USE LEVEL: [   ]

MASTER SAMPLE(S) THREE REQUIRED: (If multiple cavities, minimum of one from each cavity)

PPAP AND SAMPLES TO BE ROUTED TO SMP-I QUALITY DEPARTMENT FOR APPROVAL

SMP-I WILL NOT ASSUME ANY COSTS FROM SUB-CONTRACTORS ASSOCIATED WITH SUBMITTALS OF PPAP'S. ALL SUCH COSTS ARE CONSIDERED TO BE PART OF THE NORMAL BUSINESS COSTS OF COMPLYING WITH CURRENT ESTABLISHED INDUSTRY QUALITY STANDARDS. ALL SUPPLIER QUOTATIONS TO SMP-I SHALL TAKE PPAP COSTS INTO ACCOUNT.

NOTE: ANY DEVIATION FROM PRINT OR SUGGESTIONS FOR PRINT CHANGE MUST BE SUBMITTED WITH THE QUOTE. LIST ALL OPPORTUNITIES FOR COST IMPROVEMENT.

ARE YOU ISO9000-2000, TS16949 and/or ISO14000 REGISTERED?   ☐ YES ☐ NO
     (If yes attach a copy of your certificate)

SUB-CONTRACTORS ARE SOLELY RESPONSIBLE FOR SUPPLYING TO THE PRINT AND ANY OR ALL ASSOCIATED SPECIFICATIONS OR INDUSTRY STANDARD SPECIFICATIONS THAT MAY BE IDENTIFIED WITH THE ITEM OR MATERIAL.

SUB-CONTRACTOR
COMPLETE THIS SECTION

NAME: _____   QUOTE NUMBER: _____
ADDRESS: _____
         _____   DATE: _____
         _____

PHONE NUMBER: _____
FAX NUMBER: _____
EMAIL ADDRESS: _____

EXCEPTIONS TO PRINTS OR SPECIFICATIONS?   ☐ Yes   ☐ No   (If yes attach deta

ALSO PLEASE PROVIDE THE FOLLOWING INFORMATION:

YOUR PART NUMBER: _____
MANUFACTURER: _____
COUNTRY OF ORIGIN: _____
LEAD TIME: _____
MINIMUM SAMPLE RUN QTY: _____
MINIMUM ORDER QTY: _____
STANDARD PACKAGE: _____
TOOLING COSTS IF ANY: _____
TERMS: _____

NOTE: YOU MUST OWN THE TOOLING OR PROVIDE WRITTEN AUTHORIZATION TO USE THE TOOLING ON WHICH THESE PARTS ARE MANUFACTURED.

WHAT ARE YOUR ECONOMICAL BUILD OR BUY QUANITIES?: _____
ARE THERE QUANITY PRICE BREAKS THAT SMP-I SHOULD CONSIDER?   ☐ YES

DO YOU OR CAN YOU STOCK THIS ITEM?:   ☐ YES   ☐ NO

PRICING: TOOLING   ☐ YES   ☐ NO   AMOUNT: _____

ITEM PRICE PER UNIT: _____

PRICE FOR NUMBER UNITS: QTY [_____]   PRICE [_____]

PRICE FOR NUMBER UNITS: QTY [_____]   PRICE [_____]

PRICE FOR NUMBER UNITS: QTY [_____]   PRICE [_____]
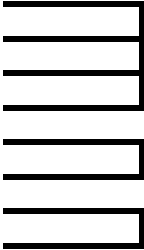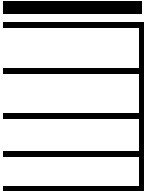
PRICE FOR NUMBER UNITS: QTY [_____]   PRICE [_____]

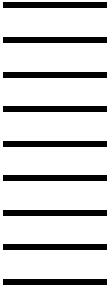SUB-CONTRACTOR SIGNATURE   _____
                      DATE   _____

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NO