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Subject: Supplier Quality Contact Annual Update

PURPOSE:

Each supplier is requested to appoint a person as the primary contact for Quality Assurance Activities. This will be the person MACI will contact for quality issues including part and raw material defect resolutions and other special requests.

SCOPE:

This procedure applies to all production parts and raw material suppliers to MACI. It is the supplier's responsibility to submit and maintain an updated Supplier Quality Contact Form. Suppliers with multiple manufacturing locations and quality contacts should submit multiple supplier quality contact forms.

CONTENT:

The quality contact list should be completed out as follows:

- 1 Date: Date form is submitted
- (2) Company: supplier name
- (3) Address: Address of primary contact or manufacturing location
- (4) Company Internet address: Internet address of supplier (if applicable)
- 5 Product: Brief description of product supplied
- (6) Name: Name of contact
- ⑦ Telephone: Telephone number of contact
- 8 Position: Position / Title of Contact
- (9) Fax: Fax number of contact
- (10) E-mail address: E-mail address of contact

Michigan Automativa Compressor la	Document Number:
Michigan Automotive Compressor, In Quality Assurance Manual for Supplie	
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bject: Supplier Quality Contact Annual Update	
Michigan Automotive Compress Supplier Quality Contact	or, Inc.
To: Michigan Automotive Compressor, Inc. Quality Assurance Section	Date:
The following personnel will be responsible for the quality issues of the pro Automotive Compressor, Inc.	ducts that we ship to Michigan
Company: 1	
Address:	
3	
Internet Address: 4	
Product Description: 5	
Product Description: 5 PRIMARY CONTACT Name: 6 Telephone: 7	
Product Description: 5 PRIMARY CONTACT Name: 6 Telephone: 7	
Product Description: 5	
Product Description: 5 PRIMARY CONTACT Name: 6 Telephone: 7 Position: 8 Fax: 9 E-M ail Address: 10 ALTERNATE CONTACT	
Product Description: 5 PRIMARY CONTACT Name: 6 Telephone: 7 Position: 8 Fax: 9 E-M ail Address: 10 ALTERNATE CONTACT Name: 6 Telephone: 7	
Product Description: 5 PRIMARY CONTACT Telephone: 7 Name: 6 Telephone: 7 Position: 8 Fax: 9 E-M ail Address: 10 10 10 ALTERNATE CONTACT Telephone: 7 Name: 6 Telephone: 9 Position: 8 Fax: 9	
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Product Description: 5 PRIMARY CONTACT Name: 6 Position: 8 Fax: 9 E-M ail Address: 10 ALTERNATE CONTACT Name: 6 Position: 8 Fax: 9 E-M ail Address: 10 Position: 8 Fax: 9 E-M ail Address: 10 E-M ail Address: 10 Z rd SHIFT CONTACT (IF APPLICABLE) 2	

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