



DENSO SUPPLIER QUALITY ASSURANCE CONTACTS LIST

Forward To:

Parts Supplied to DENSO:

Effective Date of List:

Department	
Name	
Telephone	
FAX	

- Ceramic Products
- Electronic Products
- Instrument Cluster
- Fuel Injection
- Starter/ Alternator

--

Supplier Name:			General Telephone #:
Manufacturing Address:			
Functions:	Contacts:	Address:	Contact Numbers:
Supplier Representative	Name: Title:		Tele: FAX: EMail:
SQAM Contact	Name: Title:		Tele: FAX: EMail:
Quality Manager	Name: Title:		Tele: FAX: EMail:
Quality Engineer	Name: Title:		Tele: FAX: EMail:
1st Shift Contact	Name: Title:		Tele: FAX: EMail:
2nd Shift Contact	Name: Title:		Tele: FAX: EMail:
3rd Shift Contact	Name: Title:		Tele: FAX: EMail:
Product Return Contact	Name: Title:		Tele: FAX: EMail:
New Project Quality Contact	Name: Title:		Tele: FAX: EMail:

Supplier Representative Signature/ Date: _____