

Supplier Strategic Fit Assessment

[Your Company Name]

[Your Company Address]

[City, State, Zip Code]

[Date]

[Supplier Name]

[Supplier Address]

[City, State, Zip Code]

Dear [Supplier Contact Name],

We are conducting a Supplier Strategic Fit Assessment as part of our ongoing efforts to ensure that our suppliers align with our business objectives and strategic vision. We value our partnership with you and are committed to fostering a mutually beneficial relationship.

Assessment Criteria

The assessment will focus on the following criteria:

- Financial Stability
- Quality Assurance Processes
- Innovation Capability
- Delivery Performance
- Sustainability Practices

We kindly request that you complete the attached questionnaire by [submission deadline]. Your responses will provide valuable insights into your operations and will help us determine areas for improvement and collaboration.

If you have any questions or require assistance, please do not hesitate to contact me directly at [Your Phone Number] or [Your Email Address].

Thank you for your cooperation, and we look forward to your prompt response.

Sincerely,

[Your Name]

[Your Position]

[Your Company Name]