

Supplier Effectiveness Assessment Solicitation

Date: [Insert Date]

[Supplier Name]

[Supplier Address]

[City, State, Zip Code]

Dear [Supplier Contact Name],

We are reaching out to request your participation in our Supplier Effectiveness Assessment. As part of our commitment to continuous improvement and excellence in our supply chain, we are conducting an assessment to evaluate the effectiveness of our partnerships.

This assessment will help us better understand your capabilities and performance, and identify areas where we can work together to improve our mutual success.

We kindly ask you to complete the attached assessment form and return it to us by [Insert Due Date]. Your feedback is invaluable to us and will play a critical role in enhancing our collaboration.

Thank you for your attention to this matter, and we look forward to your prompt response. Please do not hesitate to reach out if you have any questions.

Best regards,

[Your Name]

[Your Position]

[Your Company]

[Your Contact Information]