

Vendor Collaboration Assessment

Date: [Insert Date]

[Vendor Name]

[Vendor Address]

[City, State, Zip Code]

Dear [Vendor Contact Name],

We are reaching out to you as part of our ongoing efforts to assess the collaborations with our valued vendors. This assessment aims to enhance the mutual benefits of our partnership and identify areas for improvement.

Assessment Criteria

- Quality of Products/Services
- Timeliness of Deliveries
- Communication and Responsiveness
- Pricing and Value
- Innovation and Improvement

Please take a moment to provide your insights on the above criteria by completing the attached assessment form. Kindly return your feedback by [Insert Deadline]. Your input is invaluable to us.

Thank you for your cooperation and ongoing partnership.

Sincerely,

[Your Name]

[Your Title]

[Your Company]

[Your Contact Information]