

X
T

Return To:

PIP Coordinator
One Continental Drive
Auburn Hills, MI 48326
Phone (248) 393-5325
Fax (248) 393-5339

Product Improvement Proposal

Originating Supplier: _____

Contact: _____

Telephone: _____

Fax: _____

Technical Contact: _____

Telephone: _____

Fax: _____

Continental Teves Buyer: _____

Proposal: (Please Attach A Marked-Up Print If Applicable)

Description of Change:

Describe: Testing Required, Prototype & Production Timing

UNIT COST SUMMARY

Part #	Current Unit Cost	Proposed Unit Cost	Program	Annual Volume	Annual Savings	Lead Time (if appropriate)	Tooling Cost To Implement

(Completed By Continental Teves) PIP Coordinator

Date Received: _____

Product Line: Air Suspension – Actuation – Foundation – EBS

PIP Number: _____ CR # _____

Net Savings Potential: _____

Type Change: Quality Improvement, Cost Reduction, Process Change, Material Change, Packaging Change, Design Change, Other

Routing for Analysis: _____ Department: _____

Name: _____ Phone: _____

Date Submitted: _____ Date Returned: _____

Change Request # and Date: _____

Approved: _____ Rejected: _____

Letter Sent: _____