Supplier - Company Profile

2016

INTRODUCE YOUR PRODUCTS AND SERVICES TO ORLANDO HEALTH **REQUEST DATE:**

Please complete all applicable areas on this page and e-mail to R-SupplierRequest@orlandohealth.com

Does your company fit under any of the following vendor classifications? **YES** **NO**
(If you check yes, please provide a copy of each certificate).

SBE - Small Business Enterprise **MBE - Minority Business Enterprise** **Other:** ***(Please list)***
WBE -Women's Business Enterprise **VBE - Veteran Business Enterprise** _____

Accrediting Agency Name: **Accreditation Number:** **Expiration Date:**
_____
_____
_____

Please provide your business contact information below:

Business Name:		
Contact Name:		**Email:**
Business phone:	**Cell phone:**	**Fax #:**
Business street address:		
Suite/Mail point:		
City:	**State:**	**Zip code:**

Please provide the following company information:

D & B DUNS Number:	**Certificate of Incorporation:**
Business website address:	**Certificate of Insurance:**
Year business started:	**W-9:**
Number of employees:	
Annual revenue:	

Please answer the following and provide details:

Questions	Yes	No	Details Please specify
Are you doing business with any Orlando Health hospitals or offices? Please list locations.			
Do you make/manufacture a product? Please list products.			
Do you distribute products? Please list the brand and products.			
Do you provide services? Please list services.			
Do you provide consulting? Please list categories of expertise.			
Is your service or product construction related?			
Do you sub-contract labor?			

FOR OFFICE USE ONLY:

Date	Category	Description	Route Request to OH CRT, HPA, or Direct Dept. with executive approval	Contract (C) or Business Associate Agreement (BAA) (Circle one)	Reviewers Name, Contact Info and Comments (sign & date)	Final outcome (communication with supplier - OH rep. sign & date)
				RFI RFQ RFP N/A		

Category= CAP-Capital, CSC-Distribution Consolidated Service Center, PR-Product, SE-Service, PH-Pharmacy, L-Lab, S-Surgery, NS-Nursing Supplies, and PP-Physician Practice.