

Supplier - Company Profile

INTRODUCE YOUR PRODUCTS AND SERVICES TO ORLANDO HEALTH AND BAYFRONT HEALTH ST. PETERSBURG (BHSP)

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 or 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 the following company information:

Business Name:		
Contact Name:	Email:	
Business phone:	Cell phone:	Fax #:
Business street address:		
Suite/Mail point:		
City:	State:	Zip code:
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, including Bayfront Health? Please list locations.			
Is the company a member of HealthTrust?			
What product do you provide? Please list products.			
Do you provide services? Please list services.			
Do you provide consulting? Please list categories of expertise.			
Is your service or product construction related?			

Thank you for your interest in working with Orlando Health and Bayfront Health