



VENDOR INFORMATION PROFILE

BUSINESS INFORMATION

Full Legal Name		Federal Tax ID Number		<input type="checkbox"/> Proprietorship <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Not For Profit Corp. <input type="checkbox"/> Corporation <input type="checkbox"/> State of Incorp. _____ <input type="checkbox"/> Date of Incorp. _____ <input type="checkbox"/> Limited Liability Co.
Mailing Address				
City/County/State/Zipcode				
Location (if different from above) Street Address/City/County/State/Zipcode				
Contact Person	Phone No.	Fax No.		
Nature of Business	Years in Business	No. of Employees		
Principal/General Partner/Officer		Social Security No.		
Are you a previous HPSC vendor? Under what name?				
Have you or a company you have ownership in, ever declared bankruptcy or defaulted under a lease or finance agreement? <input type="checkbox"/> YES <input type="checkbox"/> NO		Date of bankruptcy filing	Date of bankruptcy discharge	

BANK REFERENCE

Bank Name		Bank Officer.	
Phone No	Fax No.	Bank Address (City/State)	
Checking Account No.		Loan Account No.	

TRADE REFERENCES

Company Name		Company Name.	
Address		Address	
Phone No	Fax No.	Phone No.	Fax No.
Account since:	High Credit:	Account since:	High Credit:
Contact Name		Contact Name	

PRODUCT AND MARKET INFORMATION

Please describe your company's principal products or services
Which of the healthcare professions use your products or services?

Vendor Principal Signature: _____	Submission Date
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