



Representations G4 Ltd

Supplier Qualification/Registration Form

Date:

Company Name:

Address:

Contact Name/Title:

Phone:

Fax:

Cell:

Sales Executive Email address:

Owner, President or Manager Email address:

Company web-site URL:

D&B Number:

Please provide a list of your organizations principles:

President/CEO:

COO/EVP Admin:

CFO:

Sales Executive: (GPO Sales, if applicable)

Others: Please list:

Number of full time employees:

Annual operating expense:

Annual operating revenue:

Are you a manufacturer or distributor?

Do you have any diversity certifications? Yes No

If yes, please describe and submit with your application:

Please respond to the following questions

Provide a description of your organization's primary product or service you would like Provider Supply Chain Partners to consider:

Do you currently or have you in the past two years conducted business with a Provider Supply Chain Partners client? If yes, please provide the client name, the annual dollar value of work performed and describe the working relationship:

Briefly describe your organization's experience in this industry field:

What is your business footprint as it relates to activities in China, Vietnam and South Korea?

If you were to become a supplier to the Provider Supply Chain Partners' clients, what type of value added service or feature is your organization able to offer to our clients?
