



PLEASE SEND YOUR RESPONSE TO:
 COLUMBIA ST. MARY'S
 PURCHASING DEPARTMENT
 4425 NORTH PORT WASHINGTON ROAD
 GLENDALE WI 53212
 FAX: 414-326-1777
 EMAIL: purchasing@columbia-stmarys.org

SUPPLIER PROFILE INFORMATION

1. The following information is being requested to initiate a supplier profile required in order to pay invoices.
2. Your prompt return of this form is appreciated. Submission of this form does not constitute approval of your firm as a supplier.
3. If a question is not applicable to your firm's type of product or service, enter NA for "not applicable." Please type or print clearly for reproduction purposes.

IDENTIFICATION				
COMPANY NAME				
MAILING ADDRESS				
CONTACT PERSON	TITLE	PHONE		
NAME OF COMPANY REP COMPLETING THIS FORM	EMAIL	WEBSITE		
GROSS ANNUAL SALES:	\$ Last Year	\$ Previous Year	# OF EMPLOYEES	YEAR BUSINESS ESTABLISHED
DIRECT SALES? <input type="checkbox"/> Yes <input type="checkbox"/> No	MIN ORDER QTY?	EDI CAPABLE?		
TYPE OF SUPPLIER (CHECK ONE) <input type="checkbox"/> Manufacturer <input type="checkbox"/> Distributor <input type="checkbox"/> Dealer <input type="checkbox"/> Service				
PRIMARY PRODUCT OR SERVICE:				
CUSTOMER BUSINESS REFERENCE: Briefly list any special capabilities your company has:				
GPO Affiliations		Is your company an affirmative action employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does your company offer medical coverage to your employees? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$ Max Current Bonding Level		
If yes, does your company fund any of the cost? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Does your company possess all licenses and/or permits required by local, state or federal law? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Please provide copy.				

OWNERSHIP (CHECK ALL APPLICABLE BOXES) PUBLICLY TRADED? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, STOCK SYMBOL:		
COMPANY IS AT LEAST 51% OWNED, Disabled		
CONTROLLED AND ACTIVELY MANAGEMENT BY: <input type="checkbox"/> Veterans <input type="checkbox"/> Woman/Women <input type="checkbox"/> Minority Person(s) (see below)		
IF MINORITY OWNER: <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Asian Pacific American <input type="checkbox"/> Other		
<input type="checkbox"/> Native American Indian (Includes American Indian, Eskimo, Aleut & Native Hawaiian)		
<input type="checkbox"/> OTHER Please list:	CERTIFICATION: <input type="checkbox"/> MBDC <input type="checkbox"/> NAWBO <input type="checkbox"/> OTHER	
By my signature I acknowledge that my company has received information about the False Claims Act from Columbia St. Mary's		
SIGNATURE OF PERSON COMPLETING FORM	TITLE	DATE
SIGNATURE OF COMPANY OFFICER (OPTIONAL)	TITLE	DATE

