

Vendor Profile

Vendor Name _____

Address _____

_____ City _____ State _____ Zip Code

Phone Number _____ Fax Number _____

Web Site Address _____ Tax ID Number _____

Products Represented _____

Annual Sales (USD) _____ Number Of Employees _____

Business Hours _____ Representatives Name _____

Representatives Phone Number _____ Cellular Number _____

Please Check All That Apply In The Following Section

Minority Owned _____ Women Owned _____ Small Disadvantaged Business _____

Certified by _____

Privately Owned _____ Corporation _____ Publicly Traded _____ Highly Technical _____

Union Shop _____ Non-Union Shop _____ Distributor _____ Manufacturer _____ Retailer _____

Equal Opportunity Employer _____

Major Business Partners _____

ISO Status _____

Describe what benefits you would bring to the West Penn Allegheny Health System

