

# Application for Vendors to be put on an HPS Bid List



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 P.O. Box 247  
 Middleville, MI 49333-0247  
 800-632-4572  
 hpsgpo.com

Today's Date: \_\_\_\_\_

In order that we may include your company on the HPS approved bidders' list, we request the following information. **Omission or partial completion** of any part of the requirements in this survey will jeopardize your company's review by the HPS Advisory Committees. Please answer all questions in the space provided. If additional space is needed, use the back of this questionnaire or attach additional pages. **Should you have any questions, please call the HPS office: (269) 795-3308.**

Completed application should be sent to: E-Mail: [contracts@hpsgpo.com](mailto:contracts@hpsgpo.com)

**Provide the name and address of the person to whom an HPS Invitation to Bid/Request for Proposal should be sent.**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

1. **Can your organization provide technical data on equipment or products that you manufacture or distribute?** (i.e., electrical requirements, size, dimensions, etc.) . . . . . Yes  No

2. **Please list the type of products and/or services you are offering:** \_\_\_\_\_

Do you manufacture the products you sell? . . . . . Yes  No

If "No," then what type of quality control do you have over the manufacturer? \_\_\_\_\_

3. **Do you currently have contracts with other group purchasing organizations?** . . . . Yes  No

If "Yes," list the name(s) and location(s) of the group(s): \_\_\_\_\_

4. **Please list at least four institutional references that you have SOLD TO or SERVICED:**

Organization's Name: _____ Contact Person: _____ Title: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____	Organization's Name: _____ Contact Person: _____ Title: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____
Organization's Name: _____ Contact Person: _____ Title: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____	Organization's Name: _____ Contact Person: _____ Title: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____

# Application for Vendors to be put on an HPS Bid List, cont.

5. Do you offer online ordering? . . . . . Yes  No

If "Yes," then is the site password protected and secure? . . . . . Yes  No

Please provide your Internet address: \_\_\_\_\_

Would your company be able to furnish electronic statistical reports in Excel format to the HPS office, pertaining to dollar volume and purchases of HPS members should you be awarded a bid? . . . . . Yes  No

6. Do you offer group purchasing discounts and/or net prices better than individual members' pricing? . . . . Yes  No

7. Do you have a product catalog? . . . . . Yes  No

If "Yes," then please enclose.

8. What is your company's policy for the following services? Please explain.

Delivery time: \_\_\_\_\_

Do you accept phone orders? . . . . . Yes  No

Do you accept collect calls? . . . . . Yes  No

Do you have a toll-free phone number? . . . . . Yes  No

If "Yes," please provide the number: \_\_\_\_\_

What are your invoicing terms? \_\_\_\_\_

What is your freight policy? \_\_\_\_\_

What are your minimum order requirements? \_\_\_\_\_

What is your "back order" policy? \_\_\_\_\_

What is your policy to return goods? \_\_\_\_\_

Identify the states you service:

- AL  AR  CT  DE  FL  GA  IL  IN  IA  KY  LA   
ME  MD  MA  MI  MN  MS  MO  NH  NJ  NY  NC  OH   
PA  RI  SC  TN  TX  VT  VA  WV  WI  All Listed  All USA

9. Provide proof of product liability, insurance and extent of coverage. (Your application will be refused if not provided.)

10. What is your company's Dun & Bradstreet Financial Rating? \_\_\_\_\_

If business is NOT rated by Dun and Bradstreet, you are **REQUIRED** to attach a copy of a recent (within the last year) balance sheet.

11. Have your products been evaluated by the Emergency Care Research Institute (ECRI)? . . . . . Yes  No

If "Yes," then please provide a copy of the report.

12. Indicate your distribution point(s): . . . . . Own Warehouse  Commercial Warehouse

13. Indicate how shipments are made: . . . . . Common Carrier  Private Fleets

14. Through whom do you market? . . . . . Distributors  Direct

If through distributors, please provide their names: \_\_\_\_\_

15. How long has your company been in business? \_\_\_\_\_

16. List names of companies you consider to be competitors: \_\_\_\_\_

With the companies you listed above, please indicate the items in which you compete for market share.

17. Provide or attach any additional information pertaining to your company and/or product(s) that you would like to have considered in determining your eligibility to be placed on an HPS bid list.

Factors that are relevant include evidence of experience, financial capacity and quality of performance, among other items.

**Please note:** It is the responsibility of the contact person listed above to keep the HPS office notified of any name or address changes. All information sent to the HPS office will be kept on file for two (2) years. Omission of or partial completion of any part of the requirements in this survey will jeopardize your company's review by the HPS Advisory Committees. Should you have any questions about this application form or review process, contact Kevin Crampton, Vice President of Contracting: [kcrampton@hpsgpo.com](mailto:kcrampton@hpsgpo.com).