

Application for Vendors to be Put on an HPS Bid List



3275 N. M-37 Highway | P.O. Box 247
 Middleville, MI 49333-0247
 P: (269) 795-3308 or (800) 632-4572
 F: (269) 795-9788
 www.hpsnet.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 documentation should be mailed to: Kevin Crampton, Senior Director of Contracts/National Accounts
 HPS, 3275 N. M-37 Highway, P.O. Box 247, Middleville, MI 49333-0247
 Fax: (269) 795-9788.

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 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 hospital purchasing groups or 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: _____

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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? _____

Number of manufacturer or distributor sales representatives in the HPS territory (number per state):

Michigan _____ Indiana _____ Illinois _____ Ohio _____ Wisconsin _____ West Virginia _____

Pennsylvania _____ Kentucky _____ Florida _____ Tennessee _____ Missouri _____ Other _____

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, HPS director of contracts/national accounts: krcrampton@hpsnet.com.