



Supplier Application

The WNC Health Network encourages all potential suppliers to apply for consideration to be a WNC Health Network Preferred Vendor. Please understand that submitting an application does not ensure your company will be awarded a preferred relationship; rather, if your application is accepted your company will be deemed eligible to compete in the applicable categories.

I. Company Information:

Name: _____

Address: _____

Phone: _____ FAX: _____

Website: _____

II. Primary Contact:

Name: _____

Address: _____

Phone: _____ FAX: _____

Email: _____

III. Product/Service (description)

IV. General Questions

- a) Ownership: Public Private
- b) Is the company classified as a HUB (small, minority, woman owned, Veteran owned) supplier? Yes No
- c) Has the company been excluded from participation in Medicare, Medicaid, or any state reimbursement programs? Yes No
- d) Does your company have approval from all federal, state and local governments in the US? Yes No
- e) Brief company overview: Please provide a brief history of your company and its products/services.

f) Does your company serve our entire membership geography?

g) Are products available direct? Through distributors? or both?

h) Where are the products or services offered by your company?

i) How many sales representatives does your company have?

j) Is your company able to accept on-line contract price activation?

k) Is your company utilizing Global Healthcare Exchange (GHX)?

l) What is your company's website address:

m) Please list all Group Purchasing Organizations, and contact numbers, your company currently has contracts with.

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Thank you for your interest in the WNC Health Network.

Please submit completed application form to:

WNC Health Network

Attn: Kim Meadows, Group Purchasing Administrative Assistant

501 Biltmore Ave.

Asheville, NC 28801

Fax: 828.257.2984

Email: Kim.Meadows@wnchn.org