

Supplier Application

Yankee Alliance encourages all potential suppliers to apply for consideration. Please understand that submitting an application does not ensure that your company will be automatically qualified. If your application is accepted your company will be deemed eligible to compete.

The application review process will take 2-4 weeks. If Yankee Alliance decides to pursue a contract with your company, please expect the process to take up to 90 days to finalize a contract award. The process could be longer depending on your responsiveness and the complexity of the product line.

Thank you for your patience and understanding. We look forward to reviewing your application and the potential opportunity to work together to bring value to the Yankee Alliance members.

- **Company Information:**

Name: _____
Address: _____
Phone: _____ Fax: _____
Website: _____

- **Primary Contact:**

Name: _____
Title: _____
Address: _____
Phone: _____ Fax: _____
Email: _____

- **Product/Service (description)**

- **What differentiates your company and your products/services from the competition?**

- **Why should Yankee Alliance partner with your company?**

- **What does your company expect to achieve by partnering with Yankee Alliance?**

- **What is your annual sales volume/Market Share?**

- Publicly owned or Privately owned? Public Private
 - If Privately owned, do any physicians (or their immediate family members) have ownership stake in the company? Yes No
 - If yes, please provide a separate report detailing the physician owners, including practicing location and medical license # (if applicable).

- Is the company classified as a HUB (small, minority, woman owned, Veteran owned) supplier? Yes No

- Has the company been excluded from participation in Medicare, Medicaid, or any state reimbursement programs? Yes No

- Does your company have approval from all federal, state and local governments in the US? Yes No

- Brief company overview: Please provide a brief history of your company and its products/services.

- What geography does your company serve? _____
- Are products available direct, through distributors or both? _____
- What Classes of Trade does your company serve? _____

<input type="checkbox"/>	Alternate Markets	<input type="checkbox"/>	Imaging Centers
<input type="checkbox"/>	Ambulatory Care	<input type="checkbox"/>	Long Term Care Facilities
<input type="checkbox"/>	Business and Industry	<input type="checkbox"/>	National Members
<input type="checkbox"/>	Colleges and Universities	<input type="checkbox"/>	Pharmacy
<input type="checkbox"/>	Dentistry	<input type="checkbox"/>	Physicians
<input type="checkbox"/>	Durable Medical Equipment (DME)	<input type="checkbox"/>	Physicians/Healthcare Business - Other
<input type="checkbox"/>	First Responders	<input type="checkbox"/>	Regional Only
<input type="checkbox"/>	Freestanding Healthcare Lab	<input type="checkbox"/>	Schools
<input type="checkbox"/>	Healthcare Business - Other	<input type="checkbox"/>	Surgery Centers
<input type="checkbox"/>	Home Care	<input type="checkbox"/>	Veterinary
<input type="checkbox"/>	Hospital	<input type="checkbox"/>	

- If so, through what channels?

- Please provide ordering procedures:

- Where are your company's products produced?

- How many sales representatives does the company have?

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

- Is your company connected and using Global Healthcare Exchange (GHX)?

Thank you for your interest in Yankee Alliance.



Please submit completed application form to:

Sai Malladi
Yankee Alliance
138 River Road
Andover, MA 01810

Fax: 978-681-6100 Email: smalladi@yankeealliance.com