



VENDOR QUALIFICATION FORM

Please complete this form and mail to: AltaPointe Health, Attn: Derek Rodgers, 5750A Southland Dr., Mobile, AL 36693. A W-9 must also be included along with this application, along with a cover letter with a brief description of your firm. You may include literature, business cards, pamphlets or any other business-related material pertaining to your business.

Name of Business: _____

Federal ID/ TIN Number: _____ Years in Business: _____

Business Address: _____

Phone: _____ Fax: _____

Website: _____ Number of employees: _____

Type of Service Provided: _____

Contact Person: _____ Contact Title: _____

Contact Phone Number: _____ Contact Email: _____

Is anyone in the leadership of your organization related to an AltaPointe Health employee? _____

If yes, list name(s) of employee(s): _____

Check appropriate box below for federal tax classification:

<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership
<input type="checkbox"/> C Corporation	<input type="checkbox"/> Government Agency
<input type="checkbox"/> S Corporation	<input type="checkbox"/> Limited Liability Company

I certify that the information supplied is correct to the best of my knowledge.

Printed Name: _____ Title: _____

Signature: _____ Date: _____