

**QUORUM PURCHASING ADVANTAGE, LLC
PROSPECTIVE VENDOR INFORMATION REQUEST**

**PLEASE COMPLETE FORM
***** SCAN DOCUMENT AND E-MAIL TO QPAINFO@QHR.COM *******

Please provide the following information about your organization (Use additional sheets if necessary):

GENERAL

1) Full legal name: _____

2) Name(s) under which organization does business (DBA): _____

3) Business address: _____

4) Years at current address: _____

5) If less than seven years at current address, provide all business addresses for last seven years:

6) Phone number: _____

7) Entity type (check one):

- | | |
|--|--|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> General Partnership |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Individual |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Other _____ |

8) State of incorporation/organization: _____ 9) Date of incorporation/organization: _____

10) Federal Employer Identification Number: _____

11) Dun & Bradstreet number (if applicable): _____

12) Years in business under present name: _____

13) List all prior business names and predecessor organizations: _____

14) List any other businesses controlled by or under common control with the organization:

15) Owners/key shareholders (if partnership, identify general partner(s)): _____

16) Officers: CEO: _____

Vice-President(s): _____

CFO: _____

Other(s) (include title): _____

17) Number of full-time employees: _____

18) Internet domain name(s): _____

19) List of any material licenses held by the organization (e.g., licenses required by a regulatory agency or an industry governing body), including license number, licensing body and expiration date:

LEGAL PROCEEDINGS

20) List any judgments, claims, suits, proceedings, arbitrations, etc. pending or threatened against the organization or any owner, officer, director or key employee in the past five (5) years:

21) Has the organization or any owner, officer, director or key employee ever filed for bankruptcy protection or been the subject of an involuntary bankruptcy order? _____ If "Yes," please explain:

22) Has the organization or any officer, director, owner, employee or affiliate of the organization ever been excluded from participation in Medicare, Medicaid or any other federal health care program or any other government payor/contractor program? _____ If "Yes," please explain:

EXPERIENCE & REFERENCES

23) List major engagements the organization has completed in the past five (5) years, giving the dates of the engagement and the name of the organization's engagement manager: _____

24) List major engagements the organization currently has in progress and the name of the organization's engagement manager: _____

25) Please provide the names of four (4) QHR references and three (3) non QHR references, their contact information and a brief summary of the nature of their relationship with the organization:

Name: _____

Address: _____

Phone number: _____

Relationship: _____

Name: _____

Address: _____

Phone number: _____

Relationship: _____

Name: _____

Address: _____

Phone number: _____

Relationship: _____

Name: _____

Address: _____

Phone number: _____

Relationship: _____

Name: _____

Address: _____

Phone number: _____

Relationship: _____

Name: _____

Address: _____

Phone number: _____

Relationship: _____

Name: _____

Address: _____

Phone number: _____

Relationship: _____

FINANCIAL INFORMATION

26 Attach the organization's balance sheets and income statements for the two most recently completed fiscal years.

27) Name and address of firm that prepared the attached financial statements: _____

28) Approximate percentage of gross revenues in the last two years that were received from top three clients:
_____ %

29) List liability insurance carrier(s) and coverage amounts: _____

30) Does the organization have any unpaid tax obligations? _____ If "Yes," please explain.

THE UNDERSIGNED, being an authorized representative of the organization, hereby acknowledges that the information set forth herein or attached hereto will be relied upon by Quorum Purchasing Advantages, LLC and affirms that such information is true, correct and complete in all material respects and does not omit to state any material fact that is necessary to ensure that the information provided is not misleading.

By: _____
Print Name: _____
Title: _____
Phone Number: _____
Date: _____