



**SUPPLIER PROFILE INFORMATION**

- 1. The following information is being requested to update and improve the information in our vendor supplier file. Although the information requested is on a **strictly voluntary basis**, your cooperation will allow us to accurately update our files.
- 2. Your prompt return of the original copy of this form is appreciated. Submission of this form does not constitute approval of your firm as a supplier.
- 3. If a question is not applicable to your firm’s type of product or service, enter NA for “not applicable,” or check the approximate box. (Please type or print clearly for reproduction purposes.)

**IDENTIFICATION**

Company Name :  
Mailing Address: City: State: Zip:  
Number of Employees: Year Business Established: Total Gross Sales Last Fiscal Year:  
Contact Person: Title: Phone:  
Email:

Referred By: N/A:

Manufacturing / Supplies: (check one)  Manufacturer  Wholesale Distributor  Dealer

List Commodities & Service Provided:

Customer / Business Reference:

Briefly list any special capabilities your company has:

Union  Non Union  N/A

Does your company possess all licenses and / or permits by local, state or federal? Please provide copy

**OWNERSHIP (CHECK ALL APPLICABLE BOXES)**

Company is at least 51% owned, controlled and actively managed by:  
Veterans:  Woman / Women:  Minority Person(s):  (see below)

If Minority Owner Check:

African American:  Hispanic American:

Native American Indian (includes: American Indian Eskimo, Aleut & Native Hawaiian:

Asian Indi an American:  Asian Pacific American:

Certification:  MMBDC  NAWBO  Other:

Signature of Person filling out form: Title: Date:

Signature Of Company Officer: Title: Date:

Please send your response to St. John Health  
43750 Garfield Road, Suite 200, Clinton Twp., MI 48038, ATTN: Marjorie Treppa, Purchasing Manager or via e-mail at:  
[marjorie.treppa@stjohn.org](mailto:marjorie.treppa@stjohn.org)