



# Supplier Application

Capstone Health Alliance encourages all potential suppliers to apply for consideration to be a Capstone Health Alliance 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: \_\_\_\_\_

Website: \_\_\_\_\_

## II. Primary Contact:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## III. Product/Service (description)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## IV. Capstone Membership Information:

a) Do you currently work with any Capstone members?

Yes

No

b) What is your current spend within the Capstone membership? \_\_\_\_\_





m) Please provide a brief history of your company:

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Once you have filled out the form, please **save** the file and submit the completed application form by email to:

Capstone Health Alliance  
Attn: Ashley Bishop  
Email: [abishop@capstonehealthalliance.com](mailto:abishop@capstonehealthalliance.com)

You may also fax the completed form to (828) 667-8228.

Thank you for your interest in partnering with Capstone Health Alliance.