



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:

Do you currently work with any Capstone members?

What is your current spend amount within the Capstone membership?



Are your products available direct, through distributors, or both?

What is your current marketshare within the market?

Is your company utilizing Global Health Exchange (GHX)?

Please list all Group Purchasing Organizations and contract numbers your company currently has contracts with in the space provided below:

Please provide a brief history of your company:

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

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

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