

**St. Jude Children's Research Hospital  
Supply Chain Management**

**PROSPECTIVE VENDOR FORM**

|                              |                |                                |
|------------------------------|----------------|--------------------------------|
| Company Legal Name: _____    |                |                                |
| D.B.A (if applicable): _____ |                |                                |
| Physical Address: _____      |                |                                |
| City: _____                  | State: _____   | Zip: _____                     |
| Phone: _____                 | Fax: _____     | Website: _____                 |
| Point of Contact: _____      |                | Email: _____                   |
| DUNS#: _____                 | Tax ID#: _____ | No. of Years in Business _____ |

| Please check <u>all</u> Business/Diversity Business Classifications that apply. |  |
|---|--|
| <input type="checkbox"/>  | SB Small Business                                    |
| <input type="checkbox"/>  | SDB Small Disadvantaged Small Business               |
| <input type="checkbox"/>  | HUBZone Certified by SBA as a HUBZone Small Business |
| <input type="checkbox"/>  | WOSB Woman Owned Small Business                      |
| <input type="checkbox"/>  | VOSB Veteran Owned Small Business                    |
| <input type="checkbox"/>  | SDVOSB Service-Disabled Veteran Owned Small Business |
| <input type="checkbox"/>  | SDB Alaskan Native                                   |
| <input type="checkbox"/>  | SDB Indian Tribe                                     |
| <input type="checkbox"/>  | Large Business                                       |

Goods or services your firm is interested in supplying to St. Jude Children's Research Hospital:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Group Purchasing Organization Affiliations: \_\_\_\_\_

|           |       |
|-----------|-------|
| Name      | Title |
| Signature | Date  |

**By completing this form, your company will be included with other prospective vendors. Should there be a need for your products or services St. Jude will contact you.**

Thank you for your interest in St. Jude Children's Research Hospital.

Forms may be emailed to [ProspectiveVendor@stjude.org](mailto:ProspectiveVendor@stjude.org)