

St. Jude Children's Research Hospital
ATTN: Strategic Sourcing
Materials Management Department, MS 508
262 Danny Thomas Place
Memphis, TN 38105

VENDOR APPLICATION 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.		
	SB	Small Business
	SDB	Small Disadvantaged Small Business
	HUBZone	Certified by SBA as a HUBZone Small Business
	WOSB	Woman Owned Small Business
	VOSB	Veteran Owned Small Business
	SDVOSB	Service-Disabled Veteran Owned Small Business
	SDB	Alaskan Native
	SDB	Indian Tribe
		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 in a database 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 StrategicSourcing@stjude.org