



**SERVICE PROVIDER APPLICATION
GROUP PURCHASING ORGANIZATION**

SERVICE PROVIDER INFORMATION

Service Provider Name (please print)					
Address (please include street address)					
City		State		Zip	
Phone		Fax		Website Address	
Type of Organization:				In business since	
<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____					
Services Provided:					

AUTHORIZED SIGNER

Name		Title	
Address		Phone	

CONTACT INFORMATION

Primary Contact Name		Title	
Address		City/State/Zip	
Phone		Fax	
		Email	

TRADE REFERENCES

Name:		Address		Phone:	
Account #:				Fax:	
Name:		Address		Phone:	
Account #:				Fax:	
Name:		Address		Phone:	
Account #:				Fax:	

SIGNATURE

I represent that all information on this application is true and complete. I personally guarantee that my company is in good credit standing.

Signature/Title of Service Provider Responsible Representative	Date
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KAIROS APPROVAL

Date
