



**SERVICE PROVIDER APPLICATION  
GROUP PURCHASING ORGANIZATION**

**SERVICE PROVIDER INFORMATION**

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

**AUTHORIZED SIGNER**

<b>Name</b>		<b>Title</b>	
<b>Address</b>		<b>Phone</b>	

**CONTACT INFORMATION**

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

**TRADE REFERENCES**

<b>Name:</b>		<b>Address</b>		<b>Phone:</b>	
<b>Account #:</b>				<b>Fax:</b>	
<b>Name:</b>		<b>Address</b>		<b>Phone:</b>	
<b>Account #:</b>				<b>Fax:</b>	
<b>Name:</b>		<b>Address</b>		<b>Phone:</b>	
<b>Account #:</b>				<b>Fax:</b>	

**SIGNATURE**

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

<b>Signature/Title of Service Provider Responsible Representative</b>	<b>Date</b>
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**KAIROS APPROVAL**

	<b>Date</b>
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