

Prospective Supplier Questionnaire

I. BACKGROUND INFORMATION

Date: _____

Name of company/product/service: _____

Address: _____

Street

City

State

Zip

Website (URL): _____

Company stock symbol: _____

Exchange(s) your stock is traded on: _____

Contact Name/Title: _____

Telephone Number: _____

Fax Number: _____

Email Address: _____

In a sentence, describe your company's mission:

Please provide a brief description of your product/service:

Who are the principal owners of the company/product/service?

On what month and year was your company incorporated? _____

Size of company/product/service:

Number of full-time employees:

___ 1-10 ___ 11-25 ___ 26-50 ___ 51-100 ___ 101-250 ___ 250+

Annual Operating Expense Budget:

___ \$250,000 ___ \$250,000-\$500,000 ___ \$500,000-\$1 million
___ \$1 million-\$5 million ___ \$5 million-\$10 million ___ > \$10 million

Annual Operating Revenue:

___ Up to \$250,000 ___ \$250,000-\$500,000 ___ \$500,000-\$1 million
___ \$1 million-\$5 million ___ \$5 million-\$10 million ___ > \$10 million

Please provide the anticipated revenue streams for the company/service/product:

Service/Support

Describe the services your organization provides: _____

Hours of operation: _____

Locations: _____

Describe your customer service philosophy:

Describe your plan to provide proactive, responsible customer service:

What is the timeframe between placement of an order and receipt of a product?

How are products delivered to the customer? _____

Sales and Market

Who are your competitors?

Name of Company	URL	Estimated market share (Percent)
_____	_____	_____
_____	_____	_____
_____	_____	_____

In your opinion, why are these the dominant players?

Your company's estimated market share (percent): _____

What is the geographic focus for the company/product/service? (Check all that apply):

Local Regional National International

Do you have a sales force?

Yes No

If "yes," how many employees? _____

Has your company contracted with any other GPOs?

Yes No

If “yes,” please identify each:

Does your company currently use direct marketing? advertising? public relations?

Yes No

If “yes,” please describe each:

Do you have an internal marketing communications person?

Yes No

How are key accounts managed?

Name two misconceptions that exist about your company:

II. NEEDS AND BENEFITS

What problem/need does the company/product/service seek to address?

Please describe any “value add” programs that your company can provide to Innovatix members:

What potential benefits does the company/product/service offer to Innovatix members?
(Check all that apply):

- Cost savings
- Productivity/efficiency improvement
- Legal/regulatory/compliance improvement
- Patient quality of care improvement
- Data/information management
- Process improvement
- Community relations improvement
- Technology enhancement

Other:

For those checked above, please briefly describe how they will be achieved:

Thank you for completing this questionnaire.
Please return 1 copy of the package electronically or by mail to
Contract Services
Innovatix, LLC, 555 W. 57th St., 12th Floor, New York, NY 10019.

For questions or additional information, please contact vendorinquiry@innovatix.com.