

## Prospective Supplier Application

We thank you for your interest in becoming a supplier to our communities in Louisiana and Texas. It is Senior Care Center's policy to maintain and practice the highest possible of standards in business ethics, professional courtesy, and competence in all our dealings with the supplier community. Completing this application does NOT mean you are an approved supplier, but only for us to better understand your company and the products/services you offer. After completing, please scan and send to [SupplierApplication@SeniorCareCentersLTC.com](mailto:SupplierApplication@SeniorCareCentersLTC.com). We will keep this information on file for future bids or if the need arises in the interim.

### Contact Information

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
City: \_\_\_\_\_ Contact Email: \_\_\_\_\_  
State: \_\_\_\_\_ Company Website URL: \_\_\_\_\_  
Zip: \_\_\_\_\_ Company Phone: \_\_\_\_\_  
Years in business: \_\_\_\_\_

### Products and Services

Please indicate the primary category of the products/services you wish to be considered:

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Medical Supplies		Technology/Computer	
Food		Janitorial/Housekeeping	
Therapy		Textiles/Uniforms	
Office/Promotional		Medical Equipment	

Additional Categories for Consideration: \_\_\_\_\_

### Distribution

How are your products distributed?

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Directly from our company	Through a Distributor
Other (please describe) _____	Who is the above distributor(s) _____

### E-Commerce Capability

What methods can you receive PO's and send invoices:

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
As a DSSI-Ready Supplier?	EDI?
Spreadsheet?	Other _____