

Supplier Inclusion Application

Company Name:
Address:
City/State/Zip:
Telephone: Fax:
Email address:
Locally Owned Business: Yes No
Diversity Supplier Classification: MBE WBE
Name and Title of primary contact:
Are we able to place orders on-line with your company?
Nature of Business (products and services offered):
Additional Comments:

Please send a copy of your certification by email to <u>Inclusion@NationwideChildrens.org</u> or by mail to the following address

Attn: Nationwide Children's Hospital
Rick Mayes - Purchasing Department
255 East Main Street
Columbus, Ohio 43215

Questions may be addressed to Rick Mayes at (614) 355-0621 or

Inclusion@NationwideChildrens.org