



Vendor Name

Mailing Address

Phone

Website

How long in business?

Does your company qualify as a SBE, VET, MBE, WBE?

SBE

VET

MBE

WBE

Payment Terms

Will you allow us to tour your facility?

Yes

No

Type of Equipment Refurbished?

Are items refurbished or recertified?

If your refurbishment process done in-house?

Yes

No

Do you have Bio-Med on staff (engineer, technician)?

Yes

No

Provide background of staff qualifications & degrees:

Do they attend continuing education?

Yes

No

If so, where?

Do you have an ISO certification or similar quality management system?

Yes

No

If so, please provide ISO standard(s), registrar(s) and date of expiration(s)

What is your refurbishment process? Please provide details about both functional and cosmetic refurbishing processes.

Is equipment brought back to OEM Specifications?

Yes

No



Describe inspection process before item is shipped.

Do you produce a QC form with your refurbishment? Yes No

Pictures and/or videos prior to shipping? Yes No

Can service manuals and user manuals be included with each purchase? Yes No

Is there an extra charge? Yes No

Describe Standard Warranty? Full? Limited? Parts & Labor? Length? Require service contract? Is it pass-through?

Do you provide a guarantee? Yes No

Do you sell parts? Yes No

Are they FDA Approved? Yes No

Approximate lead time (for most common items)?

Please provide 3 credit references:

- 1.
- 2.
- 3.

Please provide a bank reference. Name of bank, name of account, name of banker, phone, address, account number.

Please provide 3 client references:

- 1.
- 2.
- 3.

Please provide a copy of your general liability insurance.

Has your company been the subject of any government investigation within the last (5) years? Yes No

If yes, please explain:

Are you currently, or have you ever been included on the OIG LEIE exclusion list? Yes No

Are you currently, or have you ever been included on the GSA exclusion list? Yes No



Is your company currently or within the last (5) years been involved in any litigation or mediation? Yes No
If yes, please explain:

Do you hold applicable professional and technical licensing required by the state in which you reside? Yes No
Please list license/permit type and number, and issuing organization.

The information entered in this application will be kept confidential and is intended for the sole use of the recipient to whom it is addressed.

Completed by:

Title:

Contact for follow up:

Return to: Amy St.Cyr, Director of Strategic Development Amy@BidMed.com
(o) 773-877-3705 (f) 773-346-1333

For BidMed Internal Use Only:

Date received:

Results/Score: