

Navigator's Affiliation Document

Please copy the completed form onto your facility letterhead
****Fax to Navigator Group Purchasing, Inc. at (410) 420-1500**

Facility Name *(please print or type all information)*

Address *(please include street address)*

City

State

Zip

Telephone Number

Fax Number

Bed Count

Please check the box next to each vendor with whom you wish to participate.

- | | | |
|--|---|--|
| <input type="checkbox"/> Briggs Corporation | <input type="checkbox"/> Home Depot Company | <input type="checkbox"/> Suiza Dean <i>(National Dairy Program)</i> |
| <input type="checkbox"/> Canteen Vending | <input type="checkbox"/> JohnsonDiversey, Inc.
<i>(Johnson Wax Professional)</i> | <input type="checkbox"/> Sysco Food Service <i>(branch location)</i> |
| <input type="checkbox"/> Direct Supply | <input type="checkbox"/> KCI USA, Inc. | _____ |
| <input type="checkbox"/> Ecolab Professional Products | <input type="checkbox"/> Medline Industries
<i>(Linen/Medical Supplies)</i> | <input type="checkbox"/> US Foodservice <i>(branch location)</i> |
| <input type="checkbox"/> Ecolab <i>(which distributor)</i> | <input type="checkbox"/> Novartis | _____ |
| _____ | <input type="checkbox"/> Sherwin Williams | <input type="checkbox"/> Velda Farms |
| <input type="checkbox"/> Gordon Food - Florida | <input type="checkbox"/> Staples | <input type="checkbox"/> Other |
| <input type="checkbox"/> Hill Rom | | _____ |

By checking the applicable vendor box/boxes above, the Facility commits to purchase products exclusively from the Navigator Group Purchasing, Inc. national contracts. In addition, the Facility agrees this document takes the place of any previous declarations _____ .
(start date)

Signature

Printed Name

Title *(please print)*

Email Address

Date

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