

PLEASE COMPLETE AND FAX 253-460-0513

Dear UHF Vendor:

This is to advise you that the following facility (ies) is (are) a UHF Member and elects to participate exclusively in the UHF Purchasing Program with the following vendors effective immediately following your receipt of this notice.

We hereby acknowledge that we no longer will participate in any other purchasing program with these vendors, effective the date of your participation in the UHF Purchasing Program.

Sincerely,

(Signature) (Date of Participation)

(Print Name and Title) (Number of Beds/Type)

(Facility Name) (Trade Association)

(Address)

(City, State, Zip)

(Phone) (Fax)

(Email Address)

(Chain Affiliation)

(Facility Number-office use only)

FACILITY NAME: _____

FACILITY NUMBER: _____(Office use only)

PLEASE INDICATE THE VENDORS YOU WISH TO PARTICIPATE WITH (X) AND INTIAL

Alimed, Inc.		Encompass		Phoenix Textile	
Aladdin Temp-rite		Farmer Brothers		Ricoh Office Equipment	
Appliance Service Center		Food Services of America		Ross Labs	
American Healthcare		Novartis Nutrition		Sammons Preston	
AmSan		HD Supply		Sears Commercial Sales	
ARJO		Hill Rom		Senior Living Depot	
BBC Lighting		JT Posey		Service Paper-Network Service	
Bargreen Ellingson		KEEN		Sherwin Williams	
Bernard Foods		KCI		Sunshine Dairy	
Briggs Corp.		Kinetic Group		Sunrise (Joerns Medical)	
Budget Lighting (BLI)		Light Ideas		Staples	
CBM Systems		MasterCare Patient Equip		Sysco Food Service	
Cascade Dispensing		McKesson-Medical Surgical		Unisource Maintenance	
Code Alert		Miller Paint		Utility Adjustors	
Corporate Express		Mt. Hood Solutions		Vigilan	
Crest Healthcare Supply		North by Northwest Furniture			
Direct Supply		Office Depot			
Ecolab		Office Max			
Edward Don & Company		Pace Medical Staffing			
EK Coaches (Vans and Buses)		Pacific Northwest Medical			