

**INFORMATION FOR GERIMED SUPPLIERS**

***Please complete the following information to update GeriMed records.***

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number \_\_\_\_\_ Fax Number \_\_\_\_\_

Contact Name \_\_\_\_\_

Title \_\_\_\_\_

Email Address \_\_\_\_\_

What types of products does your company provide?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How are your products distributed? Direct \_\_\_\_ Wholesaler \_\_\_\_ Other (please explain)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please complete the form and a member of the GeriMed team will be contacting regarding becoming a GeriMed supplier.

Thank you.