

- HOME
- FORM A (Supplier Application)
- FORM B (Bid Sheet)

SUPPLIER NAME: VISTA

### SUPPLIER IDENTIFICATION INFORMATION

MAILING ADDRESS

Provide the Mailing address as reported to the IRS. Mailing address is the address where the IRS Form 1099 is to be mailed for this supplier.

\* = Required Field

\*Mailing Address 1: 3238 Arrowhead Circle

Mailing Address 2: Apt J

\*City: Fairfax

\*State: Virginia

\*Zipcode: 22030-7431

\*Telephone Number: 919-859-9946

\*Fax Number: 763-258-2794

**UPDATE**

HOME FORM A (Supplier Application) FORM B (Bid Sheet)

SUPPLIER NAME: TEST ONE LOCATION NAME: NULL

### LOCATION(S) (FORM A)

MAILING ADDRESS

Provide all additional names and related information for the physical location(s) in which the supplier does business.

\* = Required Field

\*Legal Business Name:

\*Street Address1:

Street Address2:

\*City:

\*State: Please Select

\*Zip Code:

\*Telephone Number:

\*What CBA's will this location service?

- ATLANTA
- BALTIMORE
- BOSTON
- DALLAS
- DC

**UPDATE**

HOME FORM A (Supplier Application) FORM B (Bid Sheet)

SUPPLIER NAME: CARINS CANE CO LOCATION NAME: NULL

### LENGTH OF TIME IN BUSINESS (FORM A PART B)

Indicate the length of time the supplier has been supplying DMEPOS items in the CBA.

\* = Required Field

\*Years:

\*Months:

**UPDATE**



HOME FORM A (Supplier Application) FORM B (Bid Sheet)

SUPPLIER NAME: CARINS CAME CO	LOCATION NAME: NULL
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**SUPPLIERS BUSINESS ID'S AND DBA'S (FORM A QUESTION E AND G)**

Provide the Tax Identification Number(TIN) issued by the IRS to the supplier completing this form. If a Sole Proprietor Social Security Number(SSN) may be used.

\* = Required Field

\*Tax Identification Number (TIN):

**UPDATE**



HOME FORM A (Supplier Application) FORM B (Bid Sheet)

SUPPLIER NAME: CARINS CAME CO NETWORK NAME: NULL

**SUPPLIERS BUSINESS ID'S AND DBA'S (FORM A QUESTION E AND G)**

Provide the Identification (ID) Numbers and "Doing Business As" (DBA) names for the business.

\* = Required Field

Identification Numbers

\*NSC Identification Number:

NPI Identification Number:

DBA - "Doing Business As" Name

DBA - "Doing Business As" Name:

**UPDATE**



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SUPPLIER NAME: CARINS CAME CO | LOCATION NAME: NULL

**ESTABLISHMENT INFORMATION ( FORM A QUESTION L )**

Enter the two-letter abbreviation for the state in which the supplier completing this form is established or incorporated. Also provide the date established or incorporated. If incorporated at a previous time, in another state, please provide the state and date.

\* = Required Field

\* Established/Incorporated State:

\* Established/Incorporated Date(mm/dd/yyyy):

Previously Established/Incorporated State:

Previously Established/Incorporated Date (mm/dd/yyyy):

**UPDATE**



HOME FORM A (Supplier Application) FORM B (Bid Sheet)

SUPPLIER NAME: CARINS CAME CO LOCATION NAME: NULL

**SUPPLIERS BUSINESS SERVICE TYPE (FORM A QUESTION M)**

SERVICE TYPE

\* = Required Field

\* How will you service beneficiaries in a CBA? Check all that apply.

Retail Location     Mail Orders     Home Delivery

**UPDATE**



HOME FORM A (Supplier Application) FORM B (Bid Sheet)

SUPPLIER NAME: CARINS CAME CO	LOCATION NAME: NULL	
<b>TYPE OF BUSINESS (FORM A QUESTION J)</b>		
Select the type of business. If "Other", briefly describe the supplier's type of business. Definitions are provided in the glossary.		
<input type="radio"/> Business Corporation	<input type="radio"/> Sole Proprietorship	<input type="radio"/> General Partnership
<input type="radio"/> Joint Venture	<input type="radio"/> Professional Corporation	<input type="radio"/> Franchise
<input type="radio"/> Publicly Traded Company	<input type="radio"/> Other	<input type="text"/>
<b>UPDATE</b>		





HOME FORM A (Supplier Application) FORM B (Bid Sheet)

SUPPLIER NAME: CARINS CANE CO LOCATION NAME: NULL

**SANCTIONS** (FORM A, QUESTION M)

\*Does the company have any past legal actions, sanctions, or debarments?  Yes  No

Yes

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**CMS/ COMPETITIVE BID SUBMISSION SYSTEM**

User Email: carin@aol.com  
Bidder: BostonNetwork ( 1003107 )

HOME FORM A (Supplier Application) FORM B (Bid Sheet)

SUPPLIER NAME: CARINS CANE CO LOCATION NAME: NULL

### CONTACTS (FORM A)

Provide the name(s) of the authorized official(s) who should be contacted to answer questions regarding the supplier's bid.

\* = Required Field

- \* First Name:
- \* Last Name:
- \* Title:
- \* Telephone Number:
- \* E-Mail Address:

ADD

SECTION 803 COMPLIANT U.S. Department of Health & Human Services

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HOME FORM A (Supplier Application) FORM B (Bid Sheet)

SUPPLIER NAME: CARINS CAME CO	LOCATION NAME: NULL
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**KEY PERSONNEL (FORM A QUESTION M)**

Provide the name(s) of the Key Personnel who should be contacted to answer questions regarding the supplier's bid.

\* = Required Field

\*First Name:

\*Last Name:

\*Title:

**UPDATE**



HOME FORM A (Supplier Application) FORM B (Bid Sheet)

SUPPLIER NAME: CARINS CANE CO LOCATION NAME: NULL

Bidder No: 1003107

Listed below are the Key Personnel for this Location. Select one of the Key Personnel to view information for that Key Person.

Key Person ID	First Name	Last Name	Title	View
3701	Julie	Smith	Administrator	<a href="#">View</a>

Click **ADD** to add a New Key Personnel.



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**CMS/ COMPETITIVE BID SUBMISSION SYSTEM**

User Email: carin@aol.com  
Bidder: BostonNetwork ( 1003107 )

HOME FORM A (Supplier Application) FORM B (Bid Sheet)

SUPPLIER NAME: CARINS CANE CO LOCATION NAME: NULL

### ACCREDITING ORGANIZATION INFORMATION (FORM A QUESTION I)

Indicate the name(s) of the Medicare-approved organization(s) you are accredited by, or have already applied for accreditation from, and provide the accreditation issue and expiration dates. Indicate product specific area(s) in which you are accredited.

\* = Required Field

\*Accrediting Organization: Please Select from the Following

\*Accreditation Status:  Accredited  Not Accredited  Pending

\*Product Specific Area(s):  
Accessories  
Commodes  
CPM Device  
Diabetic Equipment and Supplies  
Diabetic Footwear

\*Issue Month/Year (mm/yyyy):

\*Expiration Month/Year (mm/yyyy):

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HOME FORM A (Supplier Application) FORM B (Bid Sheet)

SUPPLIER NAME: CARINS CANE CO

### PRODUCT INFORMATION

Select CBA's and Product Categories

\* = Required Field

\*CBA's

- ATLANTA
- BALTIMORE
- BOSTON
- DALLAS
- DC

\*Product Categories

- CPAP Devices
- Diabetic Supplies & Equipment
- Hospital Beds/Accessories
- Lower Limb Orthoses
- Nebulizers

**UPDATE**

