

# DBidS Form A Screenshot 1

DBidS - Business Organization Information - Windows Internet Explorer

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**CMS / DMEPOS BIDDING SYSTEM (DBidS)**

Bidder: 13-5856722(Test Company 001) Welcome, David Amos

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Today's 03/25/2014  
 Date: 17:06:09  
 Open Bid 01/01/2014  
 Date: 09:00:00  
 Close Bid 12/31/2014  
 Date: 13:59:59

**Form A: Business Organization Information** [Print](#) [Save](#) [Next](#)

Each bidding supplier type (single location, multiple locations, or network) must provide information about its business organization.

You must complete all required fields. Required fields are marked with an ★.

**Business Organization Information** i

Indicate how your business organization will be bidding (choose only one option).

Legal Business Name: Test Company 001

Supplier Bidding Type ★:

**Specialty Supplier** i

Indicate if you are bidding as a specialty supplier.

Is your organization a skilled nursing facility (SNF) or a nursing facility (NF) that is bidding as a specialty supplier and plans to furnish competitively bid items only to its own residents? ★  Yes  No

**Contact Person** i

Provide the name(s) of the person(s) who should be contacted to answer questions regarding the business or network organization. You must click the **Add Contact Person** button below for this information to be saved. You may enter more than one contact person (maximum 5). Once you have entered the names of your contact person(s), scroll down to verify the name(s) was entered correctly.

First Name ★:

Last Name ★:

Title ★:

E-mail ★:

Telephone Number ★: (  )  -

**Modify/Delete Contact Person(s)**

Modify or delete the contact person's information.

First Name	Last Name	Title	Action(s)
John	Doe	CEO	<input type="button" value="Modify"/> <input type="button" value="Delete"/>