



Vendor Agreement

(Print and complete this document and take to respective department)

Company represented: _____

Vendor Representative Name: _____

VR Street Address: _____

VR City, State and Zip Code: _____

Contact number: _____

Email address: _____

Physicians/Staff at UCH with whom your company has a financial relationship or other potential Conflict of Interest: (MUST BE COMPLETED – If none, please indicate)

I have reviewed the UCH Vendor Policy w/Confidentiality Agreement and related documents and agree to abide by these documents. I have also disclosed my company's relationship(s) with any UCH MD or staff member.

Signature: _____ Date: _____