



CREDENTIALING/PROVIDER ENROLLMENT SERVICES
RFP # 21-003
 Vendor must meet specifications
*****THIS MUST BE THE FIRST PAGE ON PROPOSAL*****

Please do not include tax, as EHN is tax-exempt. We will sign tax exemption certificates covering these items. **Please submit one (1) original copy with the application to: Emergence Health Network, Attention: Purchasing Department. 8730 Boeing, El Paso, TX. 79925 or email to: RFP@ehnel Paso.org in a PDF format.**

I or we agree to furnish the following described equipment, supplies, or services for the prices shown in accordance with specifications listed below or attached. By execution of this proposal, I hereby represent and warrant to Emergence Health Network that I have read and understood the Proposal Documents and the Contract Documents, and this application is made in accordance with the Application Documents.

Company	Mailing Address
Federal Tax Identification No.	City, State, Zip Code
DUNS Number	
Representative Name & Title	Telephone Number include area code
Signature	Fax Number include area code
Date	Email Address