



101 Blue Moon Crossing Suite 3228 Pooler, GA 31322

QUESTIONNAIRE/QUOTE REQUEST FORM

Date: _____

Sales Representative: _____

Email to: Sales@onesimushealthysolutions.com

Contact Information

Company Name: _____ Department: _____ Location: _____

First Name: _____ Last Name: _____ Title: _____

Phone: _____ Email: _____

- Hospitals and other medical facilities
 Government: Federal, State or Municipal

 Procurement Client (Private Buyer)
 Educational Schools, College or University

List Current PPE products being used, Color & Size (if apply) - (*) asterisk on items quote is requested

Preferred Brand: _____ No Preference

Product	Color	Sizes
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

Product	Color	Sizes
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

Onesimus Product List

- | | |
|--|--|
| <input type="checkbox"/> Nitrile Hospital Grade Powder Free Gloves | <input type="checkbox"/> Medical Grade Disposable Isolation Gowns |
| <input type="checkbox"/> 510(k) / Chemo Tested Gloves | <input type="checkbox"/> Disposable Head Coverings |
| <input type="checkbox"/> Vinyl Gloves | <input type="checkbox"/> Disposable Foot Coverings |
| <input type="checkbox"/> N95 – Hospital Grade Respirator Mask | <input type="checkbox"/> Red Hazardous Material Trash Bags |
| <input type="checkbox"/> KN95 – Hospital Grade Respirator Mask | <input type="checkbox"/> COVID-19 Flowflex Antigen Rapid Test Kit |
| <input type="checkbox"/> 3-Ply Surgical Disposable Face Mask | <input type="checkbox"/> COVID-19 iHealth Antigen Rapid Test Kit |
| <input type="checkbox"/> Eye Protection Disposable Face Shield | <input type="checkbox"/> Hand Sanitizers (8 oz, 16 oz, & gal size) |
| | <input type="checkbox"/> Hand, Face or Surface Disinfecting Wipes |
| | <input type="checkbox"/> Janitorial Sanitizing Cleaning Supplies |

Procurement Procedure (Check all apply)

- Vendor Registration Portal
 Vendormate Credentialing GHX
 Purchase Order
 Other _____

Private Buyer Procurement Procedure (Choose one)

- LOI – Letter of Intent
 ICPO – Irrevocable Corporate Purchase Order
 PO – Purchase Order

Payment method (Choose one)

- Pre-pay (advance payment)
 ACH
 Electronic wire transfer
 Credit/Debit Card (Visa, MasterCard)
 Escrow
 Net 30 Days (Hospital & Government only)

Methods of Proof of Funds (Private Buyer)

- Certified Bank Statement
 – Letter of Credit (from bank)
 – Letter of Attestation (Atty. confirms funds)
 – Ledger to Ledger (message to confirm ready to transact)
 – Escrow – Funds remitted to mutual Escrow account