



Membership Form Instructions

The following three forms are all we need to begin your membership. **Please notice that the Vendor Notification Form must be placed on your letterhead.**

- 1) Participation Statement
- 2) Facility Profile
- 3) Vendor Notification Form (must be placed on your letterhead)

Membership forms can be submitted via mail, fax or email using the following contact information.

Address:

Trinity/HPSI
P.O. Box 1674
White House, TN 37188

Fax:

615-855-1800

Email:

steve.claypool@trinity-usa.net



Participation Statement

We, as the undersigned church, camp, school or other organization, desire to participate with Trinity/HPSI. We understand there is no cost associated with our participation, and we incur no obligation to use any particular vendor agreement, but we may use any agreement that we determine to be beneficial to our organization.

We recognize that Trinity/HPSI will always strive to assist us with agreements that yield best overall value, with equally strong emphasis on quality, service and price. We also understand that the collective Trinity/HPSI strength means we will normally be able to purchase the best quality available at a price lower than we would pay for lesser quality.

We recognize that the Trinity/HPSI vendors have made very substantial profit margin concessions in order to support the participating members. In recognition of their commitment, and in order to save as much for our organization as possible, we will endeavor to give maximum opportunity to each Trinity/HPSI vendor we choose to use.

Organization Name _____

Address _____

Contact Person _____ Phone _____

Signature _____ Date _____ Fax _____

TRINITY/HPSI
FACILITY PROFILE FORM

Territory Manager: Steve & Gay Claypool Date _____

FACILITY NAME _____

Physical Address:

Mailing Address, if different:

Phone Number _____

Fax Number _____

Owner or Group _____

Phone Number _____

Primary Contact _____

Title _____

Email _____

Direct Phone or Ext. _____

Alternate Contact _____

Title _____

Email _____

Direct Phone or Ext. _____

Primary Foodservice Provider _____

Customer Number _____

Secondary Foodservice Provider _____

Customer Number _____

Other Full-Line FS Provider _____

Customer Number _____

NOTE: All approved Trinity/HPSI vendors for the geographical area of this facility will be notified.

Special Instructions or Information: _____

Office Use Only:

Account Number _____

Start Date _____

Facility Type _____

Rate of Fee \$0

Received by T.M. _____

Sales Tax Rate _____

Received by Home Office _____

Territory _____

Vendors Notified _____

(New Trinity/HPSI Member: We must have the text below on your letterhead completed and signed to submit to HPSI. You may either 1) drop the text below onto your letterhead electronically as in a Word document, 2) fold this top part of the page back and copy the text below onto your letterhead, or 3) complete the statement below as is and send us a blank letterhead and we will do the copying.)

Dear HPSI Vendor Partner:

Our facility has recently joined the Trinity/HPSI group purchasing program affiliated with HPSI. As such, we wish to access the contract pricing, programs and services offered by your company, under the terms and conditions of the HPSI agreement.

Please consider this letter as our official notification to have our facility contracted under the HPSI program. All purchases made by our facility should be reported to HPSI, as per the terms of your agreement. **This notification shall remain in full force and effect until expressly revoked by this facility or upon notification from HPSI that our membership has been terminated.**

Should you have any questions in regards to this notification please contact us as soon as possible.

Sincerely,

Signature: _____

Print Name: _____

Title: _____

Date: _____