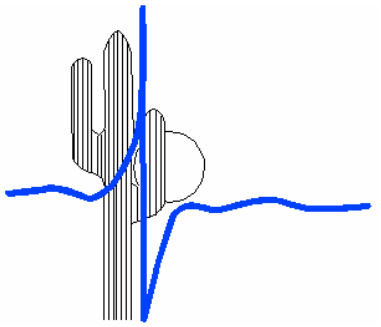

ARIZONA STATE PHYSICIANS ASSOCIATION

3030 North Central Avenue, Suite 1405
Phoenix, Arizona 85012
(602) 265-2524 ▪ (800) 522-9619
Fax (602) 265-3289
www.azspa.com

Corporation Name: _____ Date: _____

Address: _____ City: _____State: ___ Zip: _____

Contact Name: _____ Title: _____

Phone Number: _____ Fax: _____

Email Address: _____ Web Site: _____

How did you learn about ASPA's Partnering Program? _____

Type of Business: _____

_____

Services provided: _____

_____

When was your business established? _____ Is there a possible sale or merger involving your company in the near future? Yes____ No_____ If yes, explain: _____

_____

Will we be able to review your financials or most recent annual report? Yes _____ No_____

If we were to check with the Better Business Bureau, what would they say about your company?

_____

_____

_____

How are you services priced?_____

Will you allow discounts to ASPA Members? Yes_____ No ____ If no, why?_____

_____

Will you offer ASPA Marketing or other fees in exchange for marketing and promoting your company? Yes_____ No _____ If yes, what do you propose? _____

_____

Please list five (5) references, these must be clients/customers who are currently using your products/services:

Contact Name: _____ Title_____
Name of company/practice: _____
Phone Number: _____ Fax number_____
Email address: _____

Contact Name: _____ Title_____
Name of company/practice: _____
Phone Number: _____ Fax number_____
Email address: _____

Contact Name: _____ Title_____
Name of company/practice: _____
Phone Number: _____ Fax number_____
Email address: _____

Contact Name: _____ Title_____
Name of company/practice: _____
Phone Number: _____ Fax number_____
Email address: _____

Contact Name: _____ Title_____
Name of company/practice: _____
Phone Number: _____ Fax number_____
Email address: _____

What makes your company stand out above your competitors? _____
_____
_____
_____

In brief statement, tell us why we should “partner” with your company:
_____
_____
_____
_____
_____

_____ _____
Signature Date

Print Name: _____