

Vendor Set-Up Form

Vendor ID # _____

Business name: _____
Disregarded entity name, if different from above: _____
Street address: _____
City _____ State _____ Zip _____ Country _____
Business phone # _____ fax# _____
Email address: _____

Tax payer identification number:	
SSN# ____ - ____ - _____	EIN# ____ - _____
**Please include a W9 or a W8BEN (foreign entities) when returning form.	
VAT # _____	

Sunshine Act: ***Is this Vendor a HCP-Health Care Provider or Teaching Hospital: Yes _____ No _____ If a HCP, please provide the National Provider Number (NPI) _____

Goods or Services provided: _____
Estimated Annual Spend: _____ Contract: Yes _____ No _____

Accounts Receivable Contact information:

Name of contact: _____

Contact phone # _____

Email address: _____

Preferred method of contact: Phone _____ Email _____

Method of payment: Check _____ P Card _____

Remit to address:

Street/ PO Box _____

City _____ State _____ Zip _____

Vendors outside the United States only wiring instructions:

Currency payment is to be wired in _____

Name of Bank: _____

Bank Address: City _____ Country _____

SWIFT code: _____

IBAN # _____

Accounting use only: Current Vendor Yes _____ No _____

Company Codes Vendor is to be set up in: 1000 _____ 1100 _____ 1400 _____ 2000 _____ 2100 _____

Payment Terms: _____ Set up date: _____ Set up

by: _____

Send completed form and W9 or W8BEN to Accounts Payable