

Beaumont

NEW SUPPLIER APPLICATION FORM

MANDATORY COMPLETION OF THIS DOCUMENT IS REQUIRED PRIOR TO SUPPLIER CREATION

BUSINESS INFORMATION (TYPE IN CAPS)			
Company Name		DBA/Assumed Names	
Phone (555.555.5555)		Federal Employee ID # or SSN	
Ordering Fax (555.555.5555)		Dun & Bradstreet #	
Ordering E-mail		Business Type	<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other:
Registered Company Address City, State ZIP Code			

INVOICE INFORMATION		TERMS	
Remit to Name		Payment Terms	<input type="checkbox"/> Net 45 <input type="checkbox"/> Net 30 <input type="checkbox"/> Other:
Address, City, State ZIP Code			
Account Receivable Phone		Freight Terms	<input type="checkbox"/> SCS-Mayo <input type="checkbox"/> Origin <input type="checkbox"/> Destination <input type="checkbox"/> Destination-Prepaid & Add
Account Receivable Fax			
Account Receivable E-mail		Preferred PO Dispatch Method	<input type="checkbox"/> EDI <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Print

BUSINESS CONTACTS			
Representative's Name		Representative's Name	
Representative's Title		Representative's Title	
Representative's Phone		Representative's Phone	
Representative's Email		Representative's Email	

MINORITY ASSOCIATION INFORMATION (OPTIONAL)			
Minority Business Certification #		Date of Certification	
Name and Title		Certification Expiration Date	

OTHER INFORMATION			
Are you a lawyer or law office?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Company Website	
Are you a physician or physician's office?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Products/Services	
Are you working with one of these Beaumont Health Departments?	<input type="checkbox"/> Research <input type="checkbox"/> Gift Shop <input type="checkbox"/> Service Excellence	List of Anyone at Beaumont Health You Are Currently Working/ Communicating With	
Have you read Beaumont Health Terms & Conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Will you have access to patient information?	<input type="checkbox"/> Yes <input type="checkbox"/> No

NEXT STEPS TO COMPLETE NEW SUPPLIER ADD PROCESS			
Vendormate registration is required for all suppliers except for those exemptions listed in right-hand column.		<input type="checkbox"/> Charities <input type="checkbox"/> LawOffices <input type="checkbox"/> NursingHomes <input type="checkbox"/> Public/StateEntities <input type="checkbox"/> Sole Proprietor Companies that use a Social Security Number (SSN) and not a Federal Employment Identification Number (FEIN) <input type="checkbox"/> Independent Contracts – requires signed HR Independent Contract Statement <input type="checkbox"/> Waiver received from: _____ in Purchasing/Contracting	
Register with Vendormate at registersupplier.ghx.com			
If you have any trouble, please call the Vendormate HELP Line at:	888.476.0377 X2 or 404.949.1325 Support@vendormate.com		
Completed Vendormate Reg	<input type="checkbox"/> Yes <input type="checkbox"/> Exempt		

EMAIL COMPLETED FORM & SIGNED/DATED W-9 OR W-8 TO BHSUPPLIER@BEAUMONT.ORG