

OHSU SUPPLIER SET UP FORM (SUBSTITUTE W-9 FORM)

New Reactivate Supplier Address Change **(OHSU USE ONLY)**

Please check type of Organization:

INDIVIDUAL/SOLE PROPRIETORSHIP CORPORATION PARTNERSHIP
 OTHER _____

If you checked Individual/Sole proprietorship, SSN is preferable to EIN.

SOCIAL SECURITY NUMBER _____ **OR FEDERAL IDENTIFICATION NUMBER** _____

CHECK HERE if EXEMPT from 1099 reporting, and check the qualifying exemption reason below:

CORPORATION GOVERNMENT AGENCY OTHER _____

COMPANY INFORMATION:

LEGAL REGISTERED NAME:

Business (DBA) Name if Different :

CUSTOMER SERVICE INFORMATION:

Address Line 1:

Address Line 2:

City State Zip:

Customer Service Phone #:

Customer Service Fax #:

Customer Service Contact #:

PAYMENT TERMS:

**TAX CORRESPONDENCE
INFORMATION:**

Address Line 1: _____

Address Line 2: _____

City State Zip: _____

Phone #: _____

Fax #: _____

Contact Person #: _____

Is your Company Registered as a Small Business or Minority Owned in the state of Oregon? Yes No

If Minority Owned, what type of minority? Please check all that apply.

Disadvantaged Disadvantaged/Emerging/Minority Emerging Hub Zone Business
 Minority Owned Minority Women Veteran Other

TYPE OF SERVICES PROVIDED:

Will you provide medical services or legal services? Yes No

Will you provide services other than medical or legal? Yes No

Will you provide goods such as equipment, parts, supplies or materials? Yes No

PREPARER NAME

PHONE NUMBER

DATE

(PLEASE PRINT)