

Supplier instructions: Please complete sections 1-4 and include W-9 (or W-8) when returning this supplier information form

**SUPPLIER INFORMATION**

<b>1</b>	<b>Name</b> (as registered with the IRS - name on purchase orders will appear as-is from W-9)	<b>Accounts Receivable Contact Name</b>
	<b>Trade Name / DBA</b> (preferred name to appear on purchase orders if different from above)	<b>Accounts Receivable Phone Number</b>
	<b>Remittance Address</b> (if different from address on W-9)	<b>Accounts Receivable Email</b>
	<b>City, State, Zip Code</b>	<b>Accounts Receivable Fax</b>
	<b>Business Website</b>	<b>Payment Terms</b> (i.e. Net 30)
	<b>Customer Service Phone Number</b> (for purchase order call-ins please fill section 3 below)	<b>United States Citizen?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Customer Service Email</b> (for purchase order email submissions please fill section 3 below)	<b>United States Business?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Tax Classification</b> <input type="checkbox"/> Individual / Sole Proprietor <input type="checkbox"/> S Corporation <input type="checkbox"/> C Corporation <input type="checkbox"/> LLC - Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Trust / Estate <input type="checkbox"/> Other _____		

**BUSINESS DIVERSITY (check all that apply)**

<b>2</b>	<b>Federal Certifications</b>		
	<input type="checkbox"/> DBE (Disadvantaged Business Enterprise)	<input type="checkbox"/> SBE (Small Business Enterprise)	<input type="checkbox"/> WBE (Women Business Enterprise)
	<input type="checkbox"/> DVBE (Disabled Veteran-Owned Business Enterprise)	<input type="checkbox"/> SDB (Small Disadvantaged Business)	<input type="checkbox"/> WOSB (Women-Owned Small Business)
	<input type="checkbox"/> VOSB (Veteran-Owned Small Business)	<input type="checkbox"/> MBE (Minority Business Enterprise)	

**PURCHASE ORDERS (complete this section if you accept POs)**

<b>3</b>	<b>PO Email</b>	<b>GHX EDI Enabled</b> (check all that apply) <input type="checkbox"/> 850 Purchase Order <input type="checkbox"/> 855 Order Acknowledgement <input type="checkbox"/> 856 Advance Ship Notice <input type="checkbox"/> 810 Invoice	<b>GHX Metatrade Enabled</b> (check all that apply) <input type="checkbox"/> 850 Purchase Order <input type="checkbox"/> 855 Order Acknowledgement <input type="checkbox"/> 856 Advance Ship Notice <input type="checkbox"/> 810 Invoice
	<b>PO Phone Number</b>		
	<b>PO Cut-off Time</b>		

**PRIMARY DISTRIBUTION WAREHOUSE LOCATION**

<b>4</b>	<b>Warehouse Address</b>	<b>Warehouse Contact Name</b>	
	<b>City, State, Zip Code</b>	<b>Warehouse Contact Number</b>	<b>Warehouse Contact Email</b>

**UCSF HEALTH PRIMARY RECEIVING ADDRESSES IN SAN FRANCISCO, CALIFORNIA (not including satellite affiliate locations)**

<b>UCSF Health at Parnassus</b> 505 Parnassus Avenue #L299 Attn: Receiving San Francisco, CA 94143	<b>UCSF Health at Mount Zion</b> 1600 Divisadero Street #D004A Attn: Receiving San Francisco, CA 94115	<b>UCSF Health at Mission Bay</b> 1840 3rd Street #M1385 Attn: Receiving San Francisco, CA 94158
<b>UCSF Health Bayfront Medical Center</b> 520 Illinois Street Attn: Receiving San Francisco, CA 94158	<b>UCSF Health St. Mary's</b> 450 Stanyan Street Attn: Receiving San Francisco, CA 94117	<b>UCSF Health Saint Francis</b> 900 Hyde Street Attn: Receiving San Francisco, CA 94109

**UCSF HEALTH ACCOUNTS PAYABLE INFORMATION**

<b>Mailing Address</b> (for invoice by mail) UCSF Health Accounts Payable 1855 Folsom Street Box 0816 San Francisco, CA 94143	<b>Phone</b> 415-353-3230 <b>FAX</b> 415-353-3233 <b>For Past-Due Invoices Only</b> UCSFAccountsPayable@ucsf.edu
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