

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

SUPPLIER INFORMATION

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

2	Federal Certifications		
	<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)

3	PO Email	GHX EDI Enabled (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	GHX Metatrade Enabled (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
	PO Phone Number		
	PO Cut-off Time		

PRIMARY DISTRIBUTION WAREHOUSE LOCATION

4	Warehouse Address	Warehouse Contact Name	
	City, State, Zip Code	Warehouse Contact Number	Warehouse Contact Email

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

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

UCSF HEALTH ACCOUNTS PAYABLE INFORMATION

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