



INSTRUCTIONS:

Fill out all the information that applies to your business. Submit this completed form to your OhioHealth contact along with supporting documents (W9, ACH or Credit Card application, Diversity Certificate if applicable).

New Supplier Request Form	Responses
Vendor Information	
Vendor Name	Today's Date:
Is your company registered with OHIOHEALTH through the Vendormate portal?	
Is your company a diversity vendor? If yes, complete the following:	
Diversity Type(s) List all certifications:	
Certification Number(s)	
Expire Date(s)	
If so please also provide a copy of your company's diversity certificate(s).	Click Here to Attached Diversity Certificate
SIC - Standard Industry Code if available	
Dun & Bradstreet number if available	
Type of product/service being provided to OhioHealth	
Payment Information	
Are you able to accept payment by ACH OR Credit Card?	
If so, please provide your company's ACH OR Credit Card information. Visit ohiohealth.com/suppliers for instructions.	
Does your company require a minimum dollar value to process purchase orders?	
Does your company charge a minimum order fee or percentage?	
Does your company employ any OhioHealth associates?	
Is your company owned by, or does it have any physician ownership?	
OhioHealth pays on a Net 55 standard. If you cannot accept Net 55, please provide requested terms and rational.	
Does your company have a Corporate Giving Office? If yes, please provide the following information:	
Contact Name	
Phone	
Email	
Please provide your remit to information:	
Address	
Address 2	
City	
State	
Zip	
Please provide your order from information:	
Address	
Address 2	
City	
State	
Zip	
Please provide your return to vendor information:	
Address	
Address 2	
City	
State	
Zip	
Contact Information	
What is your preferred PO Dispatch Method? (Email, Fax, Phone, EDI)	
Please provide customer service contact information:	
Contact Name	
Phone	
Email	
Fax	
Please provide EDI contact information:	
Contact Name	
Phone	
Email	
Fax	
Please provide accounts receivable contact information:	
Contact Name	
Phone	
Email	
Fax	
Please provide sales rep contact information:	
Contact Name	
Phone	
Email	
Fax	
Please provide executive contact information:	
Contact Name	
Title:	
Phone:	
Email:	