

PUBLIC HEALTH TRUST/ JACKSON HEALTH SYSTEM

VENDOR REGISTRATION APPLICATION

In accordance with the Public Health Trust/Jackson Health System's Procurement Regulations, which can be found on the Trust website at: <http://www.jacksonhealth.org> under "Vendors/Businesses", all vendors/contractors are required on an annual basis to register with the Trust by completing a Business Registration Application before receiving an award or renewing a contract. This centralized process enables you to submit a single application to establish a contract with the PHT requesting goods and/or services.

This application must also include the required Miami-Dade County affidavits, attach a copy of the firm's Dade County Business Occupational license (if the firm is domiciled in Miami-Dade County), and a copy of the State Corporate Certificate (if incorporated).

A continued compliance form must be submitted with an RFP, ITB, Bid Waiver, or any purchase falling under the amount required for bidding if the registration application has been submitted within the last twelve (12) months.

Remit all documents to the following address:

**PUBLIC HEALTH TRUST/JACKSON HEALTH SYSTEM
Procurement Management Department (Purchasing)
Jackson Medical Towers – Suite #814
1500 NW 12TH AVENUE
MIAMI, FLORIDA 33136
ATT: Fabian Ponton, Vendor Coordinator
Email: fponton@jhs-miami.org**

The Vendor Registration Application information may be updated at any time by notifying the Vendor Coordinator at the above noted address, in writing, on company letterhead, and signed by an authorized officer of the business entity.

Registration documents which are received incomplete must have the missing information submitted before the firm can be placed in the active list of registered business entities with the Vendor Coordinator. Therefore, to avoid unnecessary interruptions, it is important to follow the instructions and review the completed package before submitting it to the Vendor Coordinator. Each document must be signed in the appropriate places and notarized as required.

If you need help in completing this application, or have any questions concerning purchasing related matters, please contact the Vendor Coordinator at (305) 585-5815.



VENDOR REGISTRATION APPLICATION

Procurement Management Department
1500 NW 12 Avenue, Suite 814, Miami, Florida 33136
Telephone: 305-585-5815
<http://www.jacksonhealth.org/vendors-procurement.asp>

Please type or complete in ink and forward package by mail or in person to the address above. Strike through with initials will be accepted whiteout will not be accepted.

Prospective vendors are required to complete a Vendor Registration Package prior to the award of any contract with the PHT. It is the vendor's responsibility to keep information current, complete and accurate, by submitting any updates to the Procurement Management Departments, Vendor Coordinator

NOTE – ONCE THIS REGISTRATION APPLICATION COMPLETED & SUBMITTED, THE PHT REQUIRES ANNUAL RENEWAL FORM A -11 IS AVAILABLE FOR SIMPLIFIED RENEWAL, PROVIDED IT IS SUBMITTED WITHIN ONE YEAR OF THE ORIGINAL SUBMISSION OF THIS PACKAGE, PRIOR TO THE EXPIRATION.

Federal Employee Identification Number (FEIN) or if none, then enter the owner's Social Security Number (SSN): _____

Global Location Number: _____

The Vendor Registration Package is comprised of the following three sections.

All sections must be completed and submitted. If a question is not applicable, please write 'N/A'.

SECTION 1: GENERAL BUSINESS INFORMATION

1. NAME OF BUSINESS:

Enter the name of the entity, individual(s), partners, or corporation; followed by any other name used to do business (DBA). This business name shall appear on all invoices submitted to the County.

Name of Entity, Individual(s), Partners or Corporation

Doing Business As (If same as above leave blank)

2. COMPANY BUSINESS ADDRESS:

Enter the physical address for the main office.

Street Address (P.O. Box Number is not permitted)

City

State (U.S.A.)

Country

Zip Code

3. MAILING ADDRESS:

Enter the business mailing address only if different from above. (Leave blank if address is the same as above).

Street Address (or P. O. Box Number)

City

State (U.S.A.)

Country

Zip Code

4. PAYMENT REMITTANCE ADDRESS:

Enter the company address where payment of invoices is to be mailed. (Enter even if same as above).

Street Address (or P.O. Box Number)

City

State (U.S.A.)

Country

Zip Code

5. OTHER AFFILIATE:

Enter name and address of Business Affiliate, i.e. parent company or subsidiary with the same Federal Employer Identification Number (FEIN) as firm submitting vendor application.

Parent Company

Subsidiary

Name of Firm

Street Address (P.O. Box Number is not permitted)

City

State (U.S.A.)

Country

Zip Code

6. CONTACT PERSON:

Enter your firm's contact person's name and title.

Mr. Ms. Mrs.

First Name

MI

Last Name

Title

7. FIRM'S TELEPHONE NUMBERS AND E-MAIL ADDRESS:

Enter your firm's telephone number(s) and the fax number for the contact person named above. Enter your firm's e-mail address.

Telephone Number: _____

Fax Number: _____

Toll Free Number: _____

E-mail address: _____

8. TYPE OF BUSINESS ORGANIZATION:

Place a checkmark next to the applicable item that describes the type of organization for your firm and enter additional information as requested for that item.

Corporation – Incorporated in the State of:

Publicly Traded Corporation: Stock Exchange Market of Registration: _____ Symbol: _____

Partnership:

Sole Proprietorship (One Individual Owner):

Not-for-Profit Organization:

Other (Specify):

9. TYPE OF BUSINESS: (Indicate by checkmark and identify type of commodity and/or service)

Commodities/ Services

Manufacturer _____

Distributor _____

Maintenance _____

Services _____

Constructions _____

Contractor _____

Professional Services _____

GLN Number _____

Jackson Health Systems has implemented an electronic vendor invoice processing system. Vendor invoices may be sent via US Mail or by email. The addresses are as follows:

Bill to Address: Jackson Health System
PO Box 31230
Salt Lake City, UT 48130 or
GHXODAP.JacksonHealthSystems@na.firstsource.com

Please address any questions regarding the invoicing process, to the Accounts Payable Department Customer Service at 786-466-8011

AFFIRMATIONS AND SIGNATURES

The undersigned hereby certifies that the foregoing statements are true and correct and include all of the material necessary to identify and explain the operation of the business described herein. The undersigned agrees to provide Jackson Health Systems/Public Health Trust with current, complete and accurate information for each project contracted and for all proposed changes in any contractual agreement. Misrepresentations shall be grounds for terminating any contract.

Signed this (date) _____

This day of: _____

Sign by: _____

Name of Firm: _____

Print Name: _____

Title: _____



VENDOR AFFIDAVIT FORM

(Uniform Affidavits)

Procurement Management Department
 1500 NW 12 Avenue, Suite 814, Miami, Florida 33136
 Telephone: 305-585-5815
<http://www.jacksonhealth.org/vendors-procurement.asp>

Prospective vendors are required to complete a Vendor Registration Package prior to the award of any PHT contract. It is the vendor's responsibility to keep information current, complete and accurate, by submitting any updates to the Procurement Management Department, Vendor Coordinator

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SECTION 2: VENDOR AFFIDAVITS FORM

A) Name of Entity, Individual(s), Partners or Corporation	B) Doing Business As (If same as line A, leave blank)			
Street Address (P.O. Box Number is not permitted)	City	State (U.S.A.)	Country	Zip Code

1. MIAMI-DADE COUNTY OWNERSHIP DISCLOSURE AFFIDAVIT (Sec. 2-8.1 of the Miami-Dade County Code)

Firms registered to do business with Miami-Dade County, shall require the person contracting or transacting such business with the County to disclose under oath his or her full legal name, and business address. Such contract or transaction shall also require the disclosure under oath of the full legal name and business address of all individuals having any interest (legal, equitable, beneficial or otherwise) in the contract other than subcontractors, material men, suppliers, laborers or lenders. Post office box addresses shall not be accepted hereunder. If the contract or business transaction is with a corporation the foregoing information shall be provided for each officer and director and each stockholder holding, directly or indirectly, five (5) percent or more of the outstanding stock in the corporation. If the contract or business transaction is with a partnership, the foregoing information shall be provided for each partner. If the contract or business transaction is with a trust, the foregoing information shall be provided for the trustee and each beneficiary of the trust. The foregoing disclosure requirements shall not apply to contracts with publicly-traded corporations, or to contracts with the United States or any department or agency thereof, the State or any political subdivision or agency thereof, or any municipality of this State. Use duplicate page if needed for additional names.

If no officer, director or stockholder owns (5%) or more of stock, please write "None" below.

PRINCIPALS

<u>FULL LEGAL NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>

OWNERS

CHECK BOXES BELOW

FULL LEGAL NAME	TITLE	% OF OWNERSHIP	ADDRESS	GENDER		RACE / ETHNICITY				
				M	F	White	Black	Hispanic	Other	

4. MIAMI-DADE COUNTY DEBARMENT DISCLOSURE AFFIDAVIT

(Section 10.38 of the Miami-Dade County Code)

Firms wishing to do business with Miami-Dade County must certify that its contractors, subcontractors, officers, principals, stockholders, or affiliates are not debarred by the County before submitting a bid.

I, confirm that none of these firms' agents, officers, principals, stockholders, subcontractors or their affiliates are debarred by Miami- Dade County.

5. MIAMI-DADE COUNTY VENDOR OBLIGATION TO COUNTY AFFIDAVIT

(Section 2-8.1 of the Miami-Dade County Code)

Firms wishing to transact business with Miami-Dade County must certify that all delinquent and currently due fees, taxes and parking tickets have been paid and no individual or entity in arrears in any payment under a contract, promissory note or other document with the County shall be allowed to receive any new business.

I, confirm that all delinquent and currently due fees or taxes including, but not limited to, real and personal property taxes, convention and tourist development taxes, utility taxes, and Local Business Tax Receipt collected in the normal course by the Miami-Dade County Tax Collector and County issued parking tickets for vehicles registered in the name of the above Firm, have been paid.

6. MIAMI-DADE COUNTY CODE OF BUSINESS ETHICS AFFIDAVIT

(Article 1, Section 2-8.1(i) and 2-11(b) (1) of the Miami-Dade County Code through (6) and (9) of the County Code and County Ordinance No 00-1 amending Section 2-11.1(c) of the County Code)

Firms wishing to transact business with Miami-Dade County must certify that it has adopted a Code that complies with the requirements of Section 2-8.1 of the County Code. The Code of Business Ethics shall apply to all business that the contractor does with the County and shall, at a minimum; require the contractor to comply with all applicable governmental rules and regulations.

I confirm that this firm has adopted a Code of business ethics which complies with the requirements of Sections 2-8.1 of the County Code, and that such code of business ethics shall apply to all business that this firm does with the County and shall, at a minimum, require the contractor to comply with all applicable governmental rules and regulations.

7. MIAMI-DADE COUNTY FAMILY LEAVE AFFIDAVIT

(Article V of Chapter 11, of the Miami-Dade County Code)

Firms contracting business with Miami-Dade County, which have more than fifty (50) employees for each working day during each of twenty (20) or more work weeks in the current or preceding calendar year, are required to certify that they provide family leave to their employees.

Firms with less than the number of employees indicated above are exempt from this requirement, but must indicate by letter (signed by an authorized agent) that it does not have the minimum number of employees required by the County Code.

I confirm that if applicable, this firm complies with Article V of Chapter 11 of the County Code, which requires that firms contracting business with Miami-Dade County which have more than fifty (50) employees for each working day during each of twenty (20) or more work weeks in the current or preceding calendar year are required to certify that they provide family leave to their employees.

8. MIAMI-DADE COUNTY INSPECTOR GENERAL REVIEW

According to Section 2-1076 of the Code of Miami-Dade County, Miami-Dade County has established the Office of the Inspector General (OIG) which may, on a random basis, perform audits, inspections, and reviews of all County/Trust contracts. This random audit is separate and distinct from any other audit by the County. To pay for the functions of the Office of the Inspector General, any and all payments to be made to the Contractor under this contract will be assessed one quarter (1/4) of one (1) percent of the total amount of the payment, to be deducted from each progress payment as the same becomes due unless, as stated in the Special Conditions, this Contract is federally or state funded where federal or state law or regulations preclude such a charge. The Contractor shall in stating its agreed process is mindful of this assessment, which will not be separately identified, calculated or adjusted in the proposal or bid form. The audit cost shall also be included in all change orders and all contract renewals and extensions.

I confirm that if applicable, this firm complies with Section 2-1076 of the County Code, which requires the above deduction to pay for the functions of the Office of Inspector General by the section of the County Code.

9. USER ACCESS PROGRAM (UAP) FEE

The Board of Trustees for the Public Health Trust (PHT) of Miami-Dade County approved a User Access Program (UAP) under Resolution No. PHT 5/10-030 as implemented by the CEO/President in the “Jackson Health System User Access Program” policy. This agreement is subject to a user access deduction under the PHT User Access Program (UAP) in the amount of two percent (2%). All PHT purchases under this agreement, and purchases made by any other organization or jurisdiction that may use the agreement, are subject to the two percent (2%) UAP deduction.

The vendor providing the goods or services under this agreement shall invoice the amount of the agreement price, and shall accept as payment thereof the contract price less the 2% UAP as full and complete payment for the goods and/or services specified on the invoice. The PHT shall retain the 2% UAP for use by the PHT to help defray the cost of PHT operations. Vendor participation in this program is mandatory.

Vendor Compliance: If the Vendor fails to comply with this section, the Vendor may be considered in default by the Trust in accordance with the terms and conditions of this agreement.

I confirm that if applicable, this firm complies with the UAP Program policy per PHT Resolution 5/10-030.

10. MIAMI-DADE COUNTY DOMESTIC LEAVE AND REPORTING

(Article 8, Section 11A-60 – 11A – 67 OF THE Miami-Dade County Code)

Firms wishing to transact business with the Trust must certify that it is in compliance with the Domestic Leave Ordinance.

I confirm that if applicable, this firm complies with the Domestic Leave Ordinance. This ordinance applies to employers that have, in the regular course of business, fifty (50) or more employees working in Miami-Dade County for each working day during the current or preceding calendar year.

11. FLORIDA STATUTES ON PUBLIC ENTITY CRIMES

Pursuant to Paragraph 2(a) of Section 287.133, Florida Statutes, a person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a proposal/bid for a contract to provide any goods or services to a public entity; may not submit a proposal/bid on a contract with a public entity for the construction or repair of a public building or public work; may not submit a proposal/bid on leases of real property to a public entity; may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity; and, may not transact business with any public entity in excess of the threshold amount provided in Section 287.017 for CATEGORY TWO (\$10,000.00) for a period of thirty-six (36) months from the date of being placed on the convicted vendor list.

I confirm that, if applicable, this firm shall comply with Section 287.133 of the Florida Statutes

12. REGULATION ON-BOARDING REQUIREMENTS FOR CONTRACTED PERSONNEL STAFF

The Trust, as a mandate of The Joint Commission, requires that awarded Proposer will maintain the following documents in their personnel files and will present the documents upon request and will ensure that the Trust policies for contractor/agency requirements are met. Prior to assigning personnel to perform contracted services for the Trust, the vendor, at its own expense, shall carefully screen personnel in accordance with the Trust’s pre-employment health screening policies and procedures. The screening by the vendor shall include, but not be limited to, the pre-placement health screening, background and employee requirements as outlined below:

- Physical exam and general health screen statement indicating the person is free of communicable disease and fit to perform the assigned job duties.
- Negative Urine Drug Test: 5 Panel Drug Screen submitted to a Trust approved drug testing facility.
- Negative TB Skin Test (Tine not acceptable) or chest x-ray
- A criminal background check for local agencies (Miami-Dade and Broward Counties) – a county, state, and abuse registry criminal background check is required.
- A criminal background check for non-local or traveling agencies - a 7 year criminal background check is required.

The Trust reserves the right to conduct random audits of Contractor's personnel files for verification of required documentation to ensure awarded vendor's compliance with Trust policies and procedures, Joint Commission standards and any other healthcare regulatory requirements for staffing. Upon award the awarded vendor shall contact the Human Resources Compliance Department for guidance to the specific processes to be followed

13. MIAMI DADE COUNTY LIVING WAGES
(Section 2-8.9 of the county codes)

All applicable contractors entering into a contract with the Trust shall agree to pay the prevailing living wage required by this section of the County Code.

I confirm that if applicable, this form complies with section 2-8.9 of the County Code, which requires that all applicable employers entering a contract with Miami-Dade County and the Public Health Trust shall pay the prevailing living wage required by the section of the County Code.

I hereby certify that the foregoing information is true, correct and complete.

14. VENDOR COMPLIANCE

Throughout the term any awarded Agreement by JHS, Vendor shall be subject to periodic and on-going monitoring and evaluation by JHS to determine if contracted service is being provided safely, effectively and in accordance with the awarded Agreement. Vendor shall also comply and adhere to all accreditation standards including, but not limited to, The Joint Commission's National Patient Safety Goals, Medicare Conditions of Participation, hospital medical staff bylaws (as applicable), all hospital policies and procedures pertaining to the services being provided and any other requirements as set forth by the Trust.

I confirm that if applicable this firm shall comply with this Vendor Compliance section throughout the term of any awarded contract to this firm.

AFFIRMATION

I, being duly sworn, do attest under penalty of perjury that the entity is in compliance with all requirements outlined in these Vendor Affidavits.

I also attest that I will comply with and keep current all statements sworn to in the above affidavits and registration application. I will notify the Vendor Coordinator of the Procurement Management Department immediately if any of the statements attested hereto are no longer valid.

(Signature of Affiant)

(Date)

Printed Name of Affiant and
Title

NOTARY PUBLIC INFORMATION

Notary Public
State of:

State

County of

SUBSCRIBED AND SWORN TO (or affirmed) before me this (date) _____

by _____

He or she is personally known to me Or has produced identification

Signature of Notary Public

(Serial Number)

Print or Stamp of Notary Public

Expiration Date

Notary Public Seal
(When applicable)

VENDOR CHECKLIST OF DOCUMENTS TO BE SUBMITTED

Procurement Management Department
 1500 NW 12 Avenue, Suite 814, Miami, Florida 33136
 Telephone: 305-585-5815
<http://www.jacksonhealth.org/vendors-procurement.asp>

SECTION 3: CHECKLIST OF DOCUMENTS TO BE SUBMITTED

- Submit copy of current Local Business Tax Receipt** (formerly the Miami-Dade County Occupational License) for businesses physically located in Miami-Dade County. Contact the Miami-Dade Tax Collector's Office at www.miamidade.gov/taxcollector or contact:

Miami-Dade County Tax Collector's Office, Local Business Tax Section
 140 West Flagler Street, Room 101, Miami, Florida, 33130
 Telephone: (305) 270-4949 Fax: (305) 372-6368

- Submit copy of Certificate if your company is under one of the following:**

- Corporation
- Trademarks
- Limited Partnerships
- Limited Liability Company
- Limited Liability & General Partnerships
- Fictitious Business Name(s), if required

Note: Public Health Trust/Jackson Health System will confirm the validity of Certificates with the applicable state authority. For companies located in Florida and registered with the Florida Department of State, Division of Corporations, the company's Federal Employer Identification Number (FEIN) must be posted on the Florida Division of Corporation's website. To confirm that your FEIN is posted, visit the State website at www.sunbiz.org. Under "Document Search", press "Inquire by Name" or "Inquire by Federal Employer Identification Number (FEIN)" to produce the corresponding report.

If your company's Federal Employer Identification Number (FEIN) is not posted, contact the Florida Department of State, Division of Corporations and request that your company FEIN be added to your file posted on the web. Requests must be provided on your company's letterhead and reference the document number assigned when your company was registered. Submit your request via email at corpohelp@dos.state.fl.us, or contact the agency at 1-850-245-6052 for additional information.

- Submit a copy of one of the following documents that apply to your entity or business.**
- o W-9 Request for Taxpayer ID Number and Certification (document and instructions attached) or one of the following:
 - o W-8ECI Form Certificate of Foreign Person's Claim for Exemption from W withholding on Income Effectively Connected with the Conduct of a Trade or Business in the United States. Obtain a form and instructions from www.irs.gov
 - o W-8BEN Certificate of Foreign Status of Beneficial Owner for United States Tax W withholding. Obtain a form and instructions from www.irs.gov
 - o W-8EXP Certificate of Foreign Government or Other Foreign Organization for United States Tax Withholding. Obtain a form and instructions from www.irs.gov
 - o W-8IMY Certificate of foreign Intermediary, Foreign, Flow-Through Entity, or Certain U.S. Branches for United States Tax Withholding. Obtain a form and instructions from www.irs.gov

- Submit copy of IRS letter 147C**, verifying your business name and FEIN or any other preprinted IRS form issued by the IRS identifying your business name and FEIN.

- Submit complete copy of the "Request to open Vendor" form.

- Submit blank Company Invoice.

SUD Reprocessing Program

You and your company are hereby informed that the Public Health Trust has initiated a single use device (SUD) reprocessing program with Stryker Sustainability. The decision was made after careful consideration of scientific data and regulations, the safety record of the 3rd party reprocessing industry and the dramatic reduction in supply costs.

As a partner in our efforts to support our goal of providing excellent health care your assistance is anticipated and expected as we move on with this initiative. The administrations as well as physicians at the Public Health Trust are in full support.

Facts:

1. In June 2000 report by the general Accounting Office (GAO), "CDC experts said they were not aware of patient illnesses caused by SUD reuse in the last decade." In the four years since the FDA has developed and implemented a heightened program of oversight of reprocessing by increasing inspections or Reprocessors and hospitals.
2. With FDA guidelines and the MDUFMA Act of 2002 reprocessing is now codified in Federal Law and there is arguably more government regulatory oversights to assure the safety and effectiveness of reprocessing devices labeled by the manufacturer as "single-use" than almost any other type of medical device used on patients.
3. Because FDA requires the filing of scientific cleaning and sterilization validation data prior to allowing a reprocessor to process any device, one can make a strong justification that there is a greater level of assurance that the reprocessed single-use devices are not only clean and sterile and will not place patients in harm's way, but their use could even reduce the risk to patients from malfunctioning products which happen frequently with new devices.
4. Stryker Sustainability is the Public Health Trust's selected vendor has been inspected by the FDA and has not received any deficiencies. Furthermore Stryker Sustainability has received all appropriate 510K documentation for reprocessing medical devices that we have chosen to include in the initiative.

In order to meet our goals for success with this program, the Public Health Trust's expectations of you and your company are as follow:

1. Do not speak negatively to any physician, nurse or any employee about SUD reprocessing while on the grounds.
2. Do not distribute any negative materials about SUD reprocessing while on the hospital grounds. These include verbal, written, e mail or any other way of communication.

Any violation can result in your immediate and permanent expulsion from the facilities and trigger a reevaluation of products purchased from your company. If you have any questions about the intent of this notice please contact Supply Chain Management immediately. We appreciate your understanding of our need to control costs and provide superior care, and look forward to you and your company's support of this initiative.

VENDOR'S AUTHORIZED SIGNATURE

By my signature below, I certify that that the below named firm, corporation or organization, including all its employees and subcontractors, agrees to comply with the expectations set forth in this notice at all times while on-site at any Jackson Health System facility.

Company Name: _____

Signed By: _____ **Date:** _____

Print Name: _____ **Title:** _____

REQUEST TO OPEN A NEW VENDOR



COMPLETE AND RETURN AS SOON AS POSSIBLE / PURCHASE ORDER PENDING

Return form with a W-9 and a blank / voided invoice

Internal Use Only: To (Accounts Payable): _____

Internal Use Only: From (Procurement Dept): _____ Telephone: _____

Vendor Name: _____

SS# or Tax ID #: _____

Please Check Where Appropriate

- BUSINESS TYPE:**
- | | | |
|--|---|---|
| <input type="radio"/> Capital Equipment | <input type="radio"/> Contract | <input type="radio"/> Foreign Business |
| <input type="radio"/> Employee Reimbursement | <input type="radio"/> Government Agency | <input type="radio"/> Miscellaneous |
| <input type="radio"/> Primary Vendor | <input type="radio"/> Refunds | <input type="radio"/> Small Business Enterprise (SBE) |
| <input type="radio"/> University of Miami | <input type="radio"/> Utilities | <input type="radio"/> Trade Vendor |

DIVERSITY CODES: Community Small Business Enterprise (CSBE) Small Business Enterprise (SBE) Micro Enterprise (ME)

P-CARD PROGRAM: Vendor accepts P-Card program enrollment: _____
Authorized Vendor Signature

VENDOR TERMS: 45 Days from receipt of an invoice with a open Purchase Order / Contract number

CASH DISCOUNTS: 45 Days Percent: _____ Net Days: _____

REMIT TO ADDRESS:

Street Address (1): _____

Street Address (2): _____

City: _____ State: _____ Zip Code: _____

Contact: _____ Title: _____

Telephone: Area: _____ Number: _____ Ext.: _____

Voicemail: Area: _____ Number: _____ Ext.: _____

Fax: Area: _____ Number: _____ Ext.: _____

Email: _____

PURCHASE ADDRESS:

Street Address (1): _____

Street Address (2): _____

City: _____ State: _____ Zip Code: _____

Contact: _____ Title: _____

Telephone: Area: _____ Number: _____ Ext.: _____

Voicemail: Area: _____ Number: _____ Ext.: _____

Fax: Area: _____ Number: _____ Ext.: _____

Email: _____

Internal Use Only: BUSINESS ENTITY REGISTRATION APPLICATION YES NO _____
Fabian Ponton

Internal Use Only: Requested by: _____ Date: _____ Approved by: _____ Date: _____

Enrollment in the P-Card Program requires approval from Director of Finance