ASPIRUS HEALTH PLAN

VENDOR SET UP FORM

A. Business Mailing Address (General) *(Name must match TIN records – only one TIN per form)*

☐ New Vendor ☐ New Bank Information ☐ Change Bank or Vendor Information

Name _____

Address _____

REMIT Address _____

City _____ State _____ ZIP Code _____-_____

Payment Terms _____ **Broker#** _____

B. Purchase Order Contact Information

Contact Name _____

Email Address _____

Phone ___-___-____ FAX ___-___-____

C. Tax Identification Number *Note: Enter Federal ID name **exactly** as shown on your SS-4 (Corporate)*

Federal ID Name _____

Federal ID # _____

PLEASE SEND OR ATTACH W-9 FORM

USE THIS SECTION IF YOU WOULD LIKE PAYMENTS SENT ELECTRONICALLY.

D. ACH Financial Institution Information

NOTE: Do not use '|,' '\,' ',' or '~' in any fields in this section. Replace with spaces.*

ABA Routing # _____

Customer Acct # _____

Financial Institution Name _____

Remit Email Address _____

Submitted By & Title			Date

INTERNAL USE ONLY

Entered by_____ Date _____

Approved by _____ Date _____

Print

Clear Form