



SUPPLIER INFORMATION FORM

Legal Name of Company _____

Business Name _____
(if different from Legal Name)

Mailing Address _____

City _____ **State** ____ **Zip Code** _____

Remit-To Address (if different from Mailing Address) _____

City _____ **State** ____ **Zip Code** _____

Shipping Address (if different from Mailing Address) _____

City _____ **State** ____ **Zip Code** _____

Telephone Number _____ **Fax Number** _____

Email _____ **Web URL** _____

Tax ID# (Attach W-9) _____ **EDI Number** _____

Duns# _____

Min Order (Y/N) Amount _____ **Payment Terms** Cooper Payment terms are Net 60

Discount Terms _____

Payment formats (Y/N): **Credit Card** ____ **ACH** ____ **Wire** ____

Bank Name _____

Address _____

City _____ **State** ____ **Zip Code** _____

Routing # _____ **Account #** _____

Account Representative _____

Contact Number _____ **Fax** _____

SUBSIDIARIES

Vendor Name _____

Address _____

City _____ State _____ Zip Code _____

Tax ID# (Attach W-9) _____

Vendor Name _____

Address _____

City _____ State _____ Zip Code _____

Tax ID# (Attach W-9) _____

Vendor Name _____

Address _____

City _____ State _____ Zip Code _____

Tax ID# (Attach W-9) _____

Vendor Name _____

Address _____

City _____ State _____ Zip Code _____

Tax ID# (Attach W-9) _____

Vendor Name _____

Address _____

City _____ State _____ Zip Code _____

Tax ID# (Attach W-9) _____

Vendor Name _____

Address _____

City _____ State _____ Zip Code _____

Tax ID# (Attach W-9) _____

ADDITIONAL INFORMATION

NAICS/SIC Codes _____

Description of Products/Services provided by your company

Are you a Vizient GPO Supplier? YES NO

Environmentally Preferred Purchasing (EPP) Initiatives

Provide a short description of any of your company's sustainability initiatives.

Other Information

Please provide any additional information about your company that you think would make you a supplier of choice for The Cooper Health System.