



# Supplier Application

Materials Management  
P.O. Box 1289  
Tampa, Florida 33601-1289  
(813) 844-4870  
(813) 844-7148 Fax

Shaded portions to be completed by Tampa General.

<input type="checkbox"/> Initial application <input type="checkbox"/> Revision		Legal name :
Classification: <input type="checkbox"/> Outside party <input type="checkbox"/> Employee <input type="checkbox"/> HCM <input type="checkbox"/> Attorney		DBA:
Open for Ordering: <input type="checkbox"/> Purchasing supplier <input type="checkbox"/> Non PO supplier		Remit address:
State tax ID number:	Federal Tax ID number:	Ordering location address(es):
Social Security number: ( If individual Business)		Telephone number:

**Default Class:**  
 Royalties     Other     Federal income tax withheld     Medical and health care payments.  
 Non-employee comp     Substitute payments     Gross attorney proceeds     Section 409A deferrals     Sect 409S income

Social Security number or ITIN: (If foreign national consultant)	Fax number:	Date:
	Email:	

Payment method: <input type="checkbox"/> Check <input type="checkbox"/> Epay <input type="checkbox"/> ACH  If ACH, Email:	<i>*If you are a Non-Resident Alien (refer to IRS Publication 519, U.S. Tax Guide for Aliens), please complete and return IRS Form W-8BEN and Form 8233 with this Vendor Application for Federal Income Tax purposes. Otherwise, please provide IRS Form W-9.</i>
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**Pay group** (Check below the pay group which applies to applicant)  
 Regular payments     Physician database     Payroll     Taxes     Utilities     EXCAPOA  
 HCHCP     PNC active pay     Patient refund     Rent     Tuition reimbursement

<b>Payment handling code:</b> <input type="checkbox"/> HD high dollar payment <input type="checkbox"/> RQ return to requester <input type="checkbox"/> PH physicians payments <input type="checkbox"/> TC requires attachments <input type="checkbox"/> RE regular payments <input type="checkbox"/> RF patient refunds <input type="checkbox"/> ZC EXCap <input type="checkbox"/> ZOEZapOA		Supplier bank information: Bank name:                                      Account type:  Routing no:                                      Bank account no:	
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<b>Supplier Contact Person</b>		<b>Is the company certified as Minority/Women Business Enterprise by the Florida Commission on Minority Business Enterprise, or any other government agency? If so, please attach a copy of the most current MBEIWBCE certificate or letter of certification.</b>  <input type="checkbox"/> African American <input type="checkbox"/> Women <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Native American
Name:	Official capacity:	
Telephone number:	Fax number: Email:	
Applicant signature:		

Print name and title:	Date:
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Are tax forms attached (i.e. ACH Banking Form, W-9)?  
 Is this an emergency request?  
 Is this Foreign or 1099 supplier?

**TGH Manager/Director signature:**