



Supplier Set Up Application

Organ Acquisition
PO Box 1289
Tampa, Florida 33601-1289
johnrothenberger@tgh.org

Payment Terms: 45 Days

Legal Name:	DBA (If applicable):	
Federal Tax ID number:	State Tax ID number:	Social Security number: (If individual business)
Payment Method: Check EPay ACH *If ACH is selected an ACH Set Up form needs to be completed.	Social Security number or ITIN: (If foreign national consultant)	
Remit to Address: Phone: Fax: Email:	Ordering Address (if different): Phone: Fax: Email:	Return Address (if different): Phone: Fax: Email:
Ordering Contact: Name: Phone: Email:	Accounts Receivable Contact (if different): Name: Phone: Email:	

Please provide IRS Form W-9.

*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.

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 MBEIWBE certificate or letter of certification.

African American Women Asian Hispanic Pacific Islander Native American

Applicants Name:	Applicants Official Capacity:
Signature:	Date:

TGH Authorization

Reason for Vendor Request (Must be completed or application will be returned)

Product Medical Service Attorney Fee Legal Settlement Rent Award Contract Labor
Reimbursement/Refund (one-time vendor) Other _____

TGH Requestor Name:	Date: Return completed forms to: johnrothenberger@tgh.org
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Once completed forms are received, supplier setup will be finalized within 5 business days.