



# Supplier Set Up Application

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

**Payment Terms: 45 Days**

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

<b>Applicants Name:</b>	<b>Applicants Official Capacity:</b>
<b>Signature:</b>	<b>Date:</b>

### 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 \_\_\_\_\_

<b>TGH Requestor Name:</b>	<b>Date:</b> <b>Return completed forms to: <a href="#">download to application site</a></b>
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Once completed forms are received, supplier setup will be finalized within 5 business days.