

Please Complete and Return These Forms To:

Axis Health System
Attn: Procurement
185 Suttle Street, Durango, CO 81303
Phone: (970) 335-2282 Fax: (970)335-2440
Email: procurement@axishealthsystem.org

Instructions for Submission:

- **Product Vendors:** Complete Section I and provide a current W-9 Form.
- **Contracted Service Vendors:** Complete Sections I & II and provide a current W-9 Form and any applicable Attachments.
- **Independent Contractors:** Complete Sections I, II & III and provide a current W-9 Form and any applicable Attachments.

I. VENDOR INFORMATION

(PLEASE TYPE OR PRINT LEGIBLY)

Business Name/Taxpayer Name (Exact Legal Name): _____

Federal ID Number/Social Security Number: _____

DBA (If Applicable): _____

Services Provided: _____

Number of Employees: _____

Cities and States Serviced: _____

Business Type: (circle one)

Corporation

Partnership

Sole Proprietorship

Individual

Management Staff:

Principal/Owner: _____

CEO: _____

CFO/Controller: _____

Vendor's Billing Contacts:

Billing Inquiries: _____

Telephone: _____ Email: _____

Address for Payment:Address: _____

City: _____ State: ____ Zip: _____

Mailing Address: (only if different than Physical Address)Address: _____

City: _____ State: ____ Zip: _____

Physical Business Address:Address: _____

City: _____ State: ____ Zip: _____

Telephone: _____

Fax: _____

Company Website: _____

Payment Preferences: How does your company prefer to receive payment? (circle one)

ACH Wire Check Other

If ACH or Wire is selected please complete the following:

Bank Name: _____

Name on Account: _____

ABA or Routing Number: _____

Account Number: _____

IRS W-9 Form: A complete and accurate IRS W-9 Form must be returned with this Vendor Approval Form. Please Confirm: W-9 is included and being returned to AHS**Axis Health System Payment Terms:** You will be paid within 30 days of Axis Health System receiving an invoice from your company, barring any complications or issues with service, invoice or product. Do you accept our payment terms? (circle one) Yes No**I hereby certify, under the penalty of perjury, that to the best of my knowledge, the information presented here is true and correct.**_____
Signature_____
Date_____
Printed Name_____
Title

II. ADDITIONAL REQUIREMENTS FOR CONTRACTED SERVICE VENDORS**Please attach the following, as applicable:**

- Central Contractor Registration (CCR) Number
- Dunn and Bradstreet Number
- Certificate of General/Professional Liability Insurance
- Automotive Liability Insurance
- Certificate of Workers' Compensation Insurance

Please Provide Three References: (Other companies with which you have done business)

1. Company Name: _____

Contact: _____ Title: _____

Email Address: _____

Address: _____

Office Phone: _____ Mobile Phone: _____

Describe Services Provided: _____

2. Company Name: _____

Contact: _____ Title: _____

Email Address: _____

Address: _____

Office Phone: _____ Mobile Phone: _____

Describe Services Provided: _____

3. Company Name: _____

Contact: _____ Title: _____

Email Address: _____

Address: _____

Office Phone: _____ Mobile Phone: _____

Describe Services Provided: _____

III. INDEPENDENT CONTRACTOR REQUIREMENTS (only):

Please attach the following additional information:

- A completed Declaration of Independent Contractor Status Form
- AHS Independent Contractor Agreement