

# HOLLYWOOD PRESBYTERIAN MEDICAL CENTER

## ACCOUNTS PAYABLE & PURCHASING

### VENDOR PROFILE INFORMATION SHEET

Please provide the following information so we can create a vendor number.

1. Attach W9 Form

2. Remit to information:

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3. Payment Terms: \_\_\_\_\_

4. AR Contact: name, telephone number and email address

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5. Type of product or service you will be providing

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The following information is needed for the Purchasing Department.

1. Vendor account number: \_\_\_\_\_
2. Customer service phone number: \_\_\_\_\_
3. Customer service fax number: \_\_\_\_\_
4. Salesperson contact information:  
Name: \_\_\_\_\_  
  
Email: \_\_\_\_\_  
  
Phone number: \_\_\_\_\_
5. Warehouse product is shipping from address:  
\_\_\_\_\_  
\_\_\_\_\_
6. If qualified under Supplier Diversity classification, check category(s) qualified for:  
  
Minority Business Enterprise \_\_\_\_\_  
Women Business Enterprise \_\_\_\_\_  
Disabled Veteran Business Enterprise \_\_\_\_\_  
Small Disadvantaged Business \_\_\_\_\_  
LGBT Business Enterprise \_\_\_\_\_

Submit form by email to:

[devotion.brown@hpmedcenter.com](mailto:devotion.brown@hpmedcenter.com)  
[zeny.jones@hpmedcenter.com](mailto:zeny.jones@hpmedcenter.com)