

Mary Free Bed Supply Chain must submit a completed New Vendor Request Form with an IRS W-9 Form to Mary Free Bed Accounts Payable before an order is placed.

Please prepare the following documentation before you proceed:

- Federal Tax ID Number, EIN or SSN
- Annual sales for past three years

COMPANY INFORMATION

Vendor Name, as stated on W9 (include LLC, Inc., etc.) _____

Address _____

City _____ State _____ Zip _____

Website (URL) _____

Tax ID Number _____

Payment Terms: Net 30

Attach copy of IRS W9 Form

CONTACT INFORMATION

Name _____ Job Title _____

Phone Number _____ Email _____

BILLING INFORMATION (if different than above):

Legal Business Name _____

Invoicing Name _____

Address _____

City _____ State _____ Zip _____

Website (URL) _____

Tax ID Number _____

ACCOUNTS RECEIVABLE CONTACT INFORMATION

Name _____ Job Title _____

Phone Number _____ Email _____

ADDITIONAL COMPANY INFORMATION



TYPE OF COMPANY

- Corporation
- Partnership
- LLC
- S Corporation
- Sole Proprietorship

Is the company a subsidiary or division of another business or company? Yes No

If yes, company name: _____

ANNUAL SALES (previous three years, starting with the most recent fiscal year)

Year 1 \$ _____

Year 2 \$ _____

Year 3 \$ _____

YEAR ESTABLISHED _____ NUMBER OF EMPLOYEES _____

HAVE YOU DONE BUSINESS WITH MARY FREE BED BEFORE? Yes No

If yes, in what capacity? _____

Mary Free Bed requires all vendors, partners and representatives who enter our health care facilities to report the compliance of individuals who receive an annual influenza vaccine. Do you agree to track and report to Mary Free Bed Supply Chain, upon request, annual influenza vaccine information (the number of all vendor representatives or associates who physically travel to or enter one of our health care facilities)? Yes No

PRODUCTS/SERVICES YOU OFFER _____

FOR WHAT VENDOR OPPORTUNITIES WITH MARY FREE BED WOULD YOUR COMPANY LIKE TO BE CONSIDERED?

- Less than \$10,000
- \$10,000-\$20,000
- \$20,00-\$50,000
- \$50,000-\$100,00
- \$100,000 and above

DIVERSITY FIELD

- Small Business
- Minority-Owned Business
- Women-Owned Business
- HubZone Business
- Veteran-Owned Business
- LGBTQ+-owned Business
- Service-Disabled Veteran-Owned Business
- None of the above

IS YOUR COMPANY AT LEAST 51% OWNED, CONTROLLED AND OPERATED BY ONE OR MORE OF THE FOLLOWING? (Check all that apply)

- African American
- Asian-Pacific American
- Asian-Indian American
- Native American
- Hispanic American
- Women's Business Enterprise (WBE)
- LGBTQ+
- Disabled
- None of the above

ADDITIONAL COMPANY INFORMATION



Disability-Owned Business Enterprise (DOBE) People with disabilities own and control at least 51% of the company.

Lesbian, Gay, Bisexual and Transgender Business Enterprise (LGBTBE) People who identify as LGBTQ+ own and control at least 51% of the company.

Micro, Small or Medium Enterprise (MSME), Small or Medium Enterprise (SME) or Small Business (SB) Definitions for MSME, SME or SB vary by location. We accept certifications from recognized certifying agencies where available. Where not available, we follow local government guidelines and may request additional documentation to verify status.

Minority-Owned Business Minority group members own and control at least 51% of the company. Definitions for minority groups vary by location and include the following categories, where applicable: Asian, Black, Hispanic/Latino and Indigenous peoples.

Service-Disabled Veteran-Owned Business Service-disabled veterans own and control at least 51% of the company.

Social Enterprise Business (SEB) A social enterprise business (SEB) is a for-profit or non-profit organization or venture that achieves its primary social or environmental mission using business methods.

Supported Business A supported business employs people with disabilities as over 50% of its workforce.

Veteran-Owned Business Veterans own and control at least 51% of the company.

Women’s Business Enterprise (WBE) Women own and control at least 51% of the company.

The parties hereby incorporate the requirements of 41 C.F.R. § 60-1.4(a); 41 C.F.R. § 60-300.5(a); and 41 C.F.R. § 60-741.5(a), if applicable.

This contractor and/or subcontractor shall abide by the requirements of 41 C.F.R. § 60-1.4(a), 41 C.F.R. § 60-300.5(a) and 41 C.F.R. § 60-741.5(a). These regulations prohibit discrimination against individuals on the basis of race, color, religion, sex, sexual orientation, gender identity, national origin, qualified disability or protected veteran status. These regulations also require affirmative action by covered prime contractors and subcontractors to employ and advance in employment qualified individuals with disabilities, protected veterans and others without regard to race, color, religion, sex, sexual orientation, gender identity or national origin.

FOR INTERNAL USE ONLY:

Vendor ID _____ W-9 Received _____