

CENTRA CARE Health

New Vendor Form

ALL FIELDS MUST BE COMPLETED

Vendor Information

Vendor Legal Name: _____

Vendor Remittance Name: _____

Vendor Remittance Address: _____

Accounts Receivable

Contact Name: _____

Contact Email Address: _____

Contact Telephone Number: _____

Contact Fax Number: _____

Purchasing/Order Submissions

PO Address: _____ Customer Account Number: _____

Phone Number: _____

Email Address: _____

Fax numbers are not acceptable for order submissions.

Completed W-9 Form **(required)**:

<https://www.irs.gov/pub/irs-pdf/fw9.pdf>

*Please attach this form to the email after clicking "Submit"

The following CentraCare Health facilities are tax exempt:

CentraCare Health Foundation
CentraCare Health – Long Prairie
CentraCare Health – Melrose
CentraCare Health – Monticello
CentraCare Health – Paynesville
CentraCare Health – Sauk Centre
CentraCare Surgery Center
St. Benedict's Senior Community
St. Cloud Hospital

*A certificate of exemption will be provided upon request.