

Date: _____

Main Information

Legal Company Name: (As stated on W9)	
Doing Business As (DBA):	
Tax ID: EIN # or SSN #	
Website:	
DUNS: (For EDI submission)	
Payment Terms:	NET45

Business Address

Corporate HQ Business Address (Street/City/State/Zip)	Payment/Remittance Address (if different from Corporate)
Purchase Order Address (if different from Corporate)	Other Address (i.e., Factor company)

Contact Information (To Place Orders-Sales)

Name	Title	Phone #	Fax #	Email Address

Contact Information (Corporate Management)

Name	Title	Phone #	Fax #	Email Address

Contact Information (For Billing/Payment-Accounts Receivable)

Name	Title	Phone #	Fax #	Email Address

Complete if you use Factor for payment submission.

For remittance address, complete the Business Address section under "Other Address".

Company Name	Phone #	Fax #	Email Address

Supplier General Information

What kind of products/services are offered by your company?		
Has your company previously done business with any of our BHSF entities? If so, please indicate which ones and in what capacity.		
Is your company related to another company? (i.e. Parent or Sister Company). If so, please provide the name and Tax ID #.		
Are you a current BHSF employee? If yes, please contact Audit & Compliance at ContactCompliance@BaptistHealth.net .	YES	NO
Have you ever been a BHSF employee? If yes, please indicate when and for how long.		
Does your company offer reasonable health insurance to employees?	YES	NO
Is your company associated with Premier Group Purchasing Organization?	YES	NO
Does your company carry Business Insurance? If yes, please attach a COI. (Workers Comp, General Liability, Auto Liability, etc.)	YES	NO

BHSF accepts invoice submission via the following methods. Circle the one that your company will use to bill us.

Via Email: APIInvoices@BaptistHealth.net (PDF Format, One invoice per email.)	YES	NO
Via EDI (Electronic Data Interchange)	YES	NO

BHSF provides the following payment methods. Circle the one that your company prefers to receive our payments.

ePayables Credit Card (Bank of America–Virtual Card)	YES	NO
Paymode–X ACH (Third Party Affiliate)	YES	NO

If you cannot accommodate any of the above (invoice submission or payment method), please contact our Accounts Payable Department at the AP Customer Service email address: APDept@baptisthealth.net.

A Purchase Order number must be reflected on the invoices to avoid delay in payments.

Please check (✓) the Type of Contractor that applies:

<input type="checkbox"/>	Domestic Contractor Outside US	<input type="checkbox"/>	JWOD Nonprofit Agency
<input type="checkbox"/>	Educational Institution	<input type="checkbox"/>	Large Business
<input type="checkbox"/>	Foreign Contractor	<input type="checkbox"/>	Minority Institution
<input type="checkbox"/>	Hospital	<input type="checkbox"/>	Nonprofit Organization
<input type="checkbox"/>	JWOD Nonprofit Agency	<input type="checkbox"/>	Small Disadvantaged Business
<input type="checkbox"/>	Other Small Business		

Please check (✓) the SDB Program (Small Disadvantaged Business) that applies:

<input type="checkbox"/>	8(a) Contract Award	<input type="checkbox"/>	SDB Participating Program
<input type="checkbox"/>	8(a) With HUBZone Priority	<input type="checkbox"/>	SDB Price Evaluation Adjust
<input type="checkbox"/>	Not Applicable	<input type="checkbox"/>	SDB Set-Aside

Please check (✓) other Preference program that applies:

<input type="checkbox"/>	Buy Indian	<input type="checkbox"/>	Small Business Set-Aside
<input type="checkbox"/>	Directed to JWOD Nonprofit	<input type="checkbox"/>	Very Small Business Set-Aside
<input type="checkbox"/>	No Preference/Not Listed		

Please check (✓) Ethnicity that applies:

<input type="checkbox"/>	African American	<input type="checkbox"/>	Native American
<input type="checkbox"/>	Asian American	<input type="checkbox"/>	Other
<input type="checkbox"/>	Hispanic American		

Please check (✓) HUBZONE Program that applies:

<input type="checkbox"/>	Combined HUBZone Price Adjust	<input type="checkbox"/>	HUBZone Sole Source
<input type="checkbox"/>	HUBZone Price Evaluation Preference	<input type="checkbox"/>	Not Applicable
<input type="checkbox"/>	HUBZone Set-Aside		

Please check (✓) Size of Small Business that applies:

<input type="checkbox"/>	50 or less	<input type="checkbox"/>	51 – 100
<input type="checkbox"/>	101 – 500	<input type="checkbox"/>	501 – 1000
<input type="checkbox"/>	1001 – 1500	<input type="checkbox"/>	1,500 +

Please check (✓) VOSB - Veteran Owned Small Business that applies:

<input type="checkbox"/>	Not Veteran Owned Small Business	<input type="checkbox"/>	Service Disabled VOSB
<input type="checkbox"/>	Other Veteran Owned Small Business		

Please check (✓) any category that your company identifies with:

<input type="checkbox"/>	Emerging Small Business	<input type="checkbox"/>	Veteran
<input type="checkbox"/>	Women Owned Business	<input type="checkbox"/>	Disabled
<input type="checkbox"/>	LGBTQ+ Owned Business		

Supplier Business References:
Reference # 1:

Company Name	Corporate HQ Business Address (Street/City/State/Zip)
Contact Name	Contact Phone #/ Email address

Reference # 2:

Company Name	Corporate HQ Business Address (Street/City/State/Zip)
Contact Name	Contact Phone #/ Email address

Reference # 3:

Company Name	Corporate HQ Business Address (Street/City/State/Zip)
Contact Name	Contact Phone #/ Email address

By signing this Supplier Business Profile package, the Supplier has read, understood, and agrees to adhere to all of the following:

- BHSF Confidentiality Pledge
- BHSF Code of Ethics
- BHSF Compliance Policies
- BHSF Purchase Order Terms and Conditions
- BHSF Supplier Relations Policy/Supply Chain Policies and Procedures
- BHSF Conflict of Interest

Links to the above mentioned documents can be found on the Baptist Health South Florida Supplier website, <https://baptisthealth.net/en/ps/pages/default.aspx>.

Signature of Company Representative

Company Name

Print Name

Date