

						Date:
Main Information						
Legal Company Name	e: (As stated on W	9)				
Doing Business As (I	DBA):					_
Tax ID: EIN # or SS	N #					
Website:						
DUNS: (For EDI subi	mission)					
Payment Terms:		NET45				
Business Address						
Corporate HQ Busine	ess Address (Street	/City/State/Zip)	Paymer	nt/Remittand	ce Address	(if different from Corporate)
Purchase Order Addr	ress (if different fro	om Corporate)	Other A	ddress (i.e	Factor co	ompany)
1 41 011400 01 201 1 2	.000 (11 41111111111111111111111111111111	orporato,	/		., 1 00101	inpun,
Contact Information (					M	
Name	Title	Phone #		Fax #		Email Address
Contact Information (	(Corporate Manage	ement)				
Name	Title	Phone #	V.	Fax #		Email Address
Contact Information (	(For Billing/Paymer	nt-Accounts Receiv	able)			
Name	Title	Phone #		Fax #		Email Address
		1			,	
Complete if you use F	actor for payment	submission.				
For remittance address	ss, complete the Bu	siness Address sect	ion unde	r "Other Ad	ldress".	
Company Name Pho		Phone #	# Fax #		Email Ad	dress

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#### **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 con 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 em	ployees?	YES	NO		
Is your company associated with Premier Group Purchasing	YES	NO			
Does your company carry Business Insurance? If yes, ple 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: <u>APInvoices@BaptistHealth.net</u> (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.

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

Domestic Contractor Outside US	JWOD Nonprofit Agency
Educational Institution	Large Business
Foreign Contractor	Minority Institution
Hospital	Nonprofit Organization
JWOD Nonprofit Agency	Small Disadvantaged Business
Other Small Business	

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

8(a) Contract Award	SDB Participating Program
8(a) With HUBZone Priority	SDB Price Evaluation Adjust
Not Applicable	SDB Set-Aside

### Please check (✓) other Preference program that applies:

Buy Indian	Small Business Set-Aside
Directed to JWOD Nonprofit	Very Small Business Set-Aside
No Preference/Not Listed	

# Please check (✓) Ethnicity that applies:

African American	3/4	Native American	
Asian American		Other	
Hispanic American			

### Please check (✓) HUBZONE Program that applies:

Combined HUBZone	Price Adjust		HUBZone Sole Source	
HUBZone Price Eval	uation Preference		Not Applicable	
HUBZone Set-Aside	е			

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

50 or less	51 - 100
101 - 500	501 - 1000
1001 - 1500	1,500 +

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

Not Veteran Owned Small Business	Service Disabled VOSB
Other Veteran Owned Small Business	

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

	Emerging Small Business	Veteran
	Women Owned Business	Disabled
LGBTQ+ Owned Business		

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# **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)
		A land a land a land
Contact Name		Contact Phone #/ Email address
	XX	

#### Reference # 3:

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

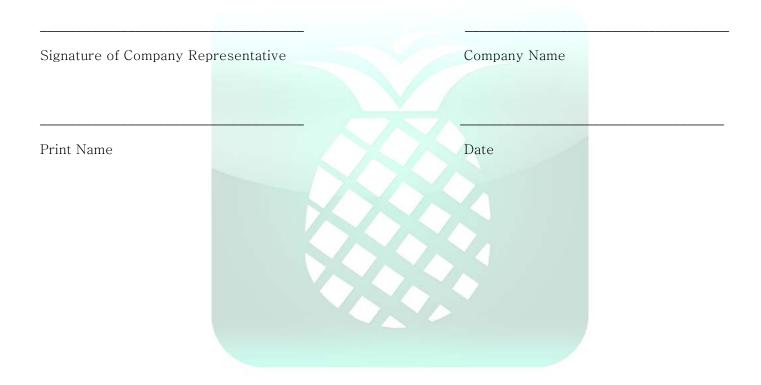
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By signing this Supplier Business Profile package, the Supplier has read, understood, and agrees to adhere to all of the following:

- 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, <a href="https://baptisthealth.net/en/ps/pages/default.aspx">https://baptisthealth.net/en/ps/pages/default.aspx</a>.



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