## **PRIMARY HEALTH** NETWORK

## PHN & PHNCF Vendor Application Worksheet

#### **Contact Information**

First & Last Name:			
Email:			
Request Date - Month:		Year:	
Phone:	Fax:		
PHN Employee Contact First & Last Nam	e:		
Company Information			
Company Name:			
Company Website Address:			
Company Address:			
Address Line 1:			
Address Line 2:			
City:			
Country (if not in USA):			
Billing Address (if different from above	e):		
Address Line 1:			
Address Line 2:			
City:		Zip Code:	
Billing Contact First & Last Name:			
Billing Phone:			
Special Billing Instructions:			
Organization Information:			
Please select your company's organization	onal type:		
Corporation	LLC		
Other			
If other, please specify:			



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Organization Information Continued	
Tax ID Number:	D-U-N-S Number:
State of Incorporation (if applicable):	
Please select your company type:	
For profit	Not-for-profit
Name of parent company / companies:	
Company Verification	
Is anyone associated with the Compan	y - either through ownership or other business/financial relationship* - an
employee or Board Member of PHN or it	ts subsidiaries? Yes No
If Yes, list name and affiliation.:	
Signature of Company Representative:	

 $\ensuremath{^*}$  Please include a copy of your company's W-9 with your application  $\ensuremath{^*}$ 

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#### For internal use only:

Review Procedure	Date	Result	
SAM Verification			
OIG List of Excluded Individuals Verification			
GSA Excluded Parties List Verification			
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Approval Signature:			

- \* Note that a person has a business/financial interest if the person has, directly or indirectly, through business, investment or family:
- a. An ownership or investment interest in the Company;
- b. A compensation arrangement with the Company or with any entity or individual with which the Company has a transaction or arrangement; or
- c. A potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which the Company is negotiating a transaction or arrangement.
- \* Note that compensation includes direct and indirect remuneration as well as gifts or favors that are not insubstantial.