

Sparrow Health System Supplier Information Form

Materials Management
Telephone: (517) 364-2440
Fax: (517) 353-2813

Substitute W-9
Web Form

703 Michigan Ave.
Lansing, MI 48912
Sparrow Health System F.E.I.N. 38-1360584

NEW / UPDATE
(Circle One)

Provide your Federal Employer Identification Number

Grid for Federal Employer Identification Number

If no FEIN is involved, provide your Social Security Number

Grid for Social Security Number

Please check all appropriate options:

Individual/Sole Proprietor Corporation International Corporation Partnership (i.e. LLC,LTD) Non-Profit

If Individual/Sole Proprietor, provide individuals name:

Company Name:

Phone Number: Area Code Number Ext.

Company Acronym/Short Name:

Contact Person:

Toll Free Phone Number:

Division:

Fax Number:

Address:

E-mail:

City, State, and Zip:

Web Site:

Customer #/ Acct. # for SHS:

Certification (i.e. DUNS):

Purchase Orders and Requests for Quotations Address:

Remittance/Checks/Payments Address:

Company Name:

Company Name:

Address:

Address:

City, State, Zip:

City, State, Zip:

Payment Terms: 2%10NET30 1%10NET30 NET30 NET20
(Circle One) Other:

Do you require a hard copy of verbal orders? Yes No

Shipping Terms: (Check One)
SHS Department Pick-Up
FOB Destination (Vendor Truck, Parcel Carrier or Common Carrier)
FOB Destination Freight Collect
FOB Shipping Point Freight Collect
Other\*: \* Contact Materials Management 517-364-2440; Craig VanSumeren

SHS uses a purchasing card for transactions less than \$2,500.00.
Does your firm accept MasterCard? Yes No
Does your firm accept Visa? Yes No
Vendor is a: Dealership Distributor Manufacturer
Other:

FOR REPORTING PURPOSES ONLY

51% CONTROLLED AND OPERATED: (Check all applicable lines)

Minority Owned (If Minority Owned, enter % ownership)
Women Owned (W)
Small Business (S)
Handicapped (Z)

African/Black American Owned (B) Hispanic American Owned (H)
Asian Indian American Owned (A) Native American Owned (N)
Asian-Pacific American Owned (P)

Commodity(s):

For fax or mail returns, please sign. Signature is not needed for e-mail returns.

Signature: Title: Date:

We would appreciate your enclosing a copy of your price list, product description literature or other material that will explain your products and services.

