



Vendor Profile
for doing business with Geisinger Health System

**** Important:** Please send a completed W-9 IRS form (see link below), a blank invoice, and this form to the contact information at the bottom of the page. <http://www.irs.gov/pub/irs-pdf/fw9.pdf>

Section I : General Information

Date _____ Date Co Established _____

Legal Name of Co. _____

Checks Payable To (If different from above) _____

Physical Address _____

City _____ State _____ Zip _____

Bus. Phone _____ Fax No. _____

Internet Address _____ E-Mail _____

Billing Contact Name _____ Phone _____

Remit-To Address _____

City _____ State _____ Zip _____

Federal ID No. _____ Terms _____

Section II : Business Profile

Business Classification

Corporation Partnership Sole Proprietorship Other _____

Small Business Minority (MBE) Woman Business Enterprise (WBE)

Is your company affiliated with any other vendors? (Yes or no) _____

If yes, how are you affiliated? _____

What is the name of the other vendor(s)? _____

Person completing this form _____

Title _____ Phone # _____

Section III : Geisinger Use Only

Comments _____

Requesting Buyer _____ Phone # _____

Vendor # _____ Remit # _____ Purch From # _____

Authorized by _____ Date _____

Geisinger Health System
Accounts Payable Department
100 North Academy Ave
Danville, Pa 17822
Phone 570-271-6226