



PRE-REGISTRATION CHECKLIST

Please review this checklist as a guide in gathering the required information and documentation for a smooth registration process.

This checklist highlights required information. There are additional fields in the system that can be completed.

Reference materials and User Guide can be found on the Supplier Portal home page in the upper right Help and Links section.

NOTE: Allow 20 minutes for the registration process. The system does not save your input until you click Continue to go to the next page.

USER NAME and PASSWORD	
User Name	User Name Rules: First name initial, full last name, end in sp
Password	Password Rules: At least 8 but no more than 20 chrs; Contains upper case alpha; lower case alpha; number; max chr repeat=2

PRIMARY CONTACT INFORMATION (Account Administrator)			
First Name		Phone Number	
Last Name		Fax Number	
Email Address			

COMPANY INFORMATION			
Company Name		Doing Business As	
Tax ID Type	<input type="checkbox"/> Federal Tax ID <input type="checkbox"/> Social Security Number <input type="checkbox"/> Foreign ID		
Tax ID		Dun and Bradstreet	
Global Location Num		Business Type	
Mailing Address line1		Country	
Address line2		State	
City		Postal Code	
Remit To Name			
Remit To Address	<input type="checkbox"/> There will be a box available to check if same as mailing address		
Remit To Address line1		Country	
Address line2		State	
City		Postal Code	

DIVERSITY CODES
<input type="checkbox"/> MBE <input type="checkbox"/> SBE <input type="checkbox"/> VBE <input type="checkbox"/> WBE

REGISTRATION QUESTIONS
<ol style="list-style-type: none"> 1. An IRS form W-9 is required certifying your Taxpayer ID Number. Please answer Yes and attach W-9 here. 2. Please select appropriate business classification. 3. If you selected Other as the organization's business classification, please explain. 4. Does your organization distribute tissue? If so, please provide your NY State Tissue License. 5. Is your organization a certified Minority and Women Business Enterprise (MWBE) organization? If so, provide a copy of your certification. 6. Attach your current invoice statement. Please include statement date in text box below and update this attachment monthly. 7. Please provide Territory Sales Representative contact name, phone number and email. If no Sales Representative exists, enter NA. 8. Please provide Customer Service contact name, phone number and email. If no Customer Service Representative exists, enter NA. 9. Are you an integrated (EDI) vendor that supports PO transmissions on GHX? 10. Are you an integrated (EDI) vendor that supports invoice transmissions on GHX? 11. If you support PO and invoice transmissions on GHX, please provide an EDI contact name, phone number and email. 12. Provide all ship-to account numbers for our hospitals and offsite locations. Click link to open the attached spreadsheet, complete and save, then upload as attachment to this question. 13. Please provide the name of the Catholic Health associate that referred you to the Catholic Health Supplier Portal. 14. Click link to open the attached BAA, acquire appropriate signature, scan, then upload as attachment to this question. Initially answer No, once BAA has been uploaded, change answer to Yes. 15. Additional information or attachment (optional) 16. Additional information or attachment (optional) 17. Additional information or attachment (optional)

Review the Commodity Code listing to aid in selecting the products or services each contact supports.

COMMODITY CODES

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| <ul style="list-style-type: none"> <input type="checkbox"/> LIVE PLANT; ANIMAL MATERIAL; ACCESSORIES; SUPPLIES <input type="checkbox"/> MINERAL; TEXTILE; INEDIBLE PLANT; ANIMAL MATERIALS <input type="checkbox"/> CHEMICALS INCLUDING BIO CHEMICALS; GAS MATERIALS <input type="checkbox"/> RESIN, ROSIN, RUBBER, FOAM, FILM, ELASTOMERIC MATERIALS <input type="checkbox"/> PAPER MATERIALS AND PRODUCTS <input type="checkbox"/> FUELS AND FUEL ADDITIVES AND LUBRICANTS <input type="checkbox"/> MINING AND WELL DRILLING MACHINERY AND ACCESSORIES <input type="checkbox"/> FARMING, FISHING, FORESTRY, WILDLIFE MACHINERY, ACCESSR <input type="checkbox"/> BUILDING AND CONSTRUCTION MACHINERY AND ACCESSOR <input type="checkbox"/> INDUSTRIAL MANUFACTURING, PROCESSING MACHINERY, ACC <input type="checkbox"/> MATERIAL HANDLING, CONDITIONING, STORAGE MACHINERY <input type="checkbox"/> COMMERCIAL, MILITARY, PRIVATE VEHICLES, ACCESSORIES <input type="checkbox"/> POWER GENERATION AND DISTRIBUTION MACHINERY <input type="checkbox"/> TOOLS AND GENERAL MACHINERY <input type="checkbox"/> STRUCTURES, BUILDING, CONSTRUCTION, MFG COMPONENTS <input type="checkbox"/> MANUFACTURING COMPONENTS AND SUPPLIES <input type="checkbox"/> ELECTRONIC COMPONENTS AND SUPPLIES <input type="checkbox"/> ELECTRICAL SYSTEMS, LIGHTING, COMPONENTS, ACCESSORIES <input type="checkbox"/> DISTRIBUTION AND CONDITIONING SYSTEMS, EQUIPMENT <input type="checkbox"/> LABORATORY AND MEASURING AND OBSERVING AND TESTG | <ul style="list-style-type: none"> <input type="checkbox"/> MEDICAL EQUIPMENT AND ACCESSORIES AND SUPPLIES <input type="checkbox"/> INFORMATION TECHNOLOGY BROADCASTING AND TELECOM <input type="checkbox"/> OFFICE EQUIPMENT AND ACCESSORIES AND SUPPLIES <input type="checkbox"/> PRINTING, PHOTOGRAPHIC, AUDIO, VISUAL EQUIPMENT <input type="checkbox"/> DEFENSE, LAW ENFORCEMENT, SECURITY, SAFETY EQUIPMENT <input type="checkbox"/> CLEANING EQUIPMENT AND SUPPLIES <input type="checkbox"/> SERVICE INDUSTRY MACHINERY AND EQUIPMENT AND SUPPL <input type="checkbox"/> SPORTS, RECREATIONAL EQUIPMENT AND SUPPLIES AND ACC <input type="checkbox"/> FOOD BEVERAGE AND TOBACCO PRODUCTS <input type="checkbox"/> DRUGS AND PHARMACEUTICAL PRODUCTS <input type="checkbox"/> DOMESTIC APPLIANCES, SUPPLIES, CONSUMER ELECTRONICS <input type="checkbox"/> APPAREL AND LUGGAGE AND PERSONAL CARE PRODUCTS <input type="checkbox"/> TIMEPIECES AND JEWELRY AND GEMSTONE PRODUCTS <input type="checkbox"/> PUBLISHED PRODUCTS <input type="checkbox"/> FURNITURE AND FURNISHINGS <input type="checkbox"/> MUSICAL INSTR, GAMES, TOYS, ARTS, CRAFTS, EDUCATIONAL EQ <input type="checkbox"/> BUILDING AND FACILITY CONSTRUCTION AND MAINTENANCE <input type="checkbox"/> INDUSTRIAL CLEANING SERVICES <input type="checkbox"/> MANAGEMENT, BUSINESS PROFESSIONALS, ADMIN SVCS |
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****SEE COMMODITY CODE REFERENCE DOCUMENT FOR COMPREHENSIVE SELECTION****

Additional help is available in the FAQ and Registration User Guide in Supplier Portal.
 Please direct questions regarding registration to AccountsPayable@chsbuffalo.org