



GUAM REGIONAL MEDICAL CITY

Where Patients are Partners

GUAM REGIONAL MEDICAL CITY
ATTN: Materials Manager
133 Route 3
Dededo, Guam 96929
E-mail:
MATERIALS MANAGEMENT – Material-All@grmc.gu

VENDOR REGISTRATION FORM

GENERAL INFORMATION

Legal Business Name: (As it appears on your Tax Return)	DBA Name: (If different from Legal Name)	Effective Date: (If applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Federal ID or SSN

Order Address:

City	State	Zip	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Remittance Address (If different from above):

City	State	Zip	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Order Contact:	Phone Number	Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>

Remit Contact:	Phone Number	Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>

Sales Contact:	Phone Number	Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>

Order to Fax:	Toll Free Phone Number
<input type="text"/>	<input type="text"/>

How would you like to receive purchase orders?	Additional Email Address
<input type="text"/>	<input type="text"/>

Accepted Payment Methods (Check all that apply)

If Credit Card (Check all that apply)

- Credit Card
- Checks
- Wire Transfer
- ACH
- Others

- VISA
- MASTERCARD
- DISCOVERY
- AMERICAN EXPRESS
- OTHERS

Payment Term

*PPD (Prompt Payment Discount)	% Discount	Number of Employees	Gross Annual Revenue

For Wire Transfers, please supply the following information

Beneficiary	Beneficiary Bank	Beneficiary Account

Bank Address	Beneficiary Address

SWIFT Code	ABA Routing Number

Website

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BUSINESS ORGANIZATION

Type of Organization:	Type of Business:	If Others Please Specify:

Products (One Product / Service Required. List up to six)

CONFLICT OF INTEREST POLICY

The Guam Regional Medical City or "GRMC" policies govern business transactions involving conflict of interest situations and relationships between employees and vendors. The Hospital has established procedures in accordance with Guam Regional Medical City's policies on conflict of interest for individuals participating in purchasing decision making.

Does any Officer, Director, Owner or Partner in this company have a relationship with the Guam Regional Medical City?

YES NO

If **yes**, please state the **NAME** and **RELATIONSHIP** to the Individual:

VENDOR APPLICATION VERIFICATION:

The undersigned certifies that the information contained herein is correct. I understand that misrepresentation may be cause for removal from the qualified vendor list and any other penalties allowed by law. Further, I affirm that this company's employment practices do not discriminate because of age, race, creed, color, sex, national origin, religion, or disability. I also affirm that the undersigned company is not currently debarred from bidding by any State or Federal agency and has not been convicted of any violations of the Federal or State laws. **I also have completed and attached the W-9 form with my company's information.**

*** Typing your name certifies all information are correct.

Authorizing Name:

Title:

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Date:

Submit Completed Registration Form including Brochures and/or Product Documents, and W-9 form to

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Or

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