



Supplier Information Request Form

Instructions: Please fill out the following information and return it to the requester along with a completed **Form W-9** Request for Taxpayer Information and a **PA 1099-Misc Withholding Exemption Certificate**. If you are an on-site service provider, include a copy of your **insurance certificate**. **Do NOT submit SSN or banking details with this form.**

COMPANY INFORMATION

Company Name: **P.O. Email Address:**
Order from Address: **Remit to Address:** (if different from Order Address)
Street1: Street1:
Street2: Street2:
City: State: City: State:
Zip Code: Country: Zip Code: Country:
Phone: Fax: Phone: Fax:
TIN (Federal ID): *[Attach Form W-9. Foreign suppliers attach W-8]*
Is the company incorporated?
If a freight carrier, enter Standard Carrier Alpha Code (SCAC):

PAYMENT INFORMATION

Order Currency: **Payment Terms:** *["Other" terms require approval by AHF Corp Procurement]*
Freight Terms: **Delivery Terms:**
Desired Payment Method: [if ACH is selected, AHF A/P will contact you for banking information]
Accounts Receivable Contact:
Name:
Email:
Phone:

SUPPLIER APPROVAL

Name: **Title:**
Signature: **Date:**

– AHF CORPORATE PROCUREMENT USE ONLY –

Order Type: **Supplier Group:**
Comments:
Approved By: