

Elderwood Administrative Services

## New Vendor Information Form

Vendor Name (legal name):	
Vendor dba (if applicable):	
City/State/Zip:	
Send Purchase Order to:	
(Email address preferred)	
City/State/ Zip:	
Payment terms:	(Standard terms are net 45 days from receipt of invoice)
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Business Telephone number:	
Business Fax number:	
Name of contact person	
Email of contact person	
Cell # of contact person	

Email completed information form along with relevant documents to: VendorCompliance@elderwood.com

□ I verify and affirm that I have received a copy of the Post Acute Partners Code of Conduct, Compliance Program Overview Deficit Reduction Act Notice. I further verify and affirm that I have read the Code of Conduct, Compliance Program Overview Deficit Reduction Act Notice thoroughly, that I understand it, and that I agree that I, my company and my employees, agents and independent contractors (if any) will be bound by and comply with it. I specifically agree not only to discharge my responsibilities to the best of my ability and in a manner consistent with applicable laws, rules, regulations, policies and procedures, but to inform my contact at the Company, or the Compliance Officer, if I learn of inappropriate conduct by others in connection with the Company. I recognize that the Code of Conduct, Compliance Program Overview Deficit Reduction Act Notice constitute an important part of my responsibility to and relationship with the Company, and that it is my obligation to comply with the Plan and Code.

Authoriz	ing Signature		Date		
Internal Use ONL	γ				
Requested by: _		Facility:	Date:		
Vendor approved	by:	Date	Date sent to AP:		
Documents receiv	ved:				
🛛 Certif	icate of Liability Insuranc	e			
🛛 Work	er's Compensation Certif	ïcate			
🗆 W-9					
🗆 Signe	3 Signed acknowledgement pages of the False Claims Policy and Company Code of Conduct.				
	Other documents might include Business license, Business Associates Agreement. Failure to submit all requested documents will result in delays in setting new vendor and/or update existing vendor information.				