



New Vendor Form

Health Solutions
41 Montebello Road
Pueblo, CO 81001
Phone: (719) 545-2746
Fax: (719) 545-4100

Email Completed Form To : AP@Health.Solutions

You must also submit an IRS Form W9

NOTE: If you are providing a service or if you are a contractor you must also submit a current Certificate of Insurance listing your Worker's Compensation insurance.

Vendor Name (checks payable to)

Tax ID number

Street Address

Street Address Line 2

City

State

Zip Code

Contact Name

Fax Number

Phone Number

Email Address

Preferred Payment Method

Check

Electronic Funds Transfer (EFT) - complete information below

Credit Card (call to obtain our credit card information)

EFT Required Information:

Checking Account Number

Checking Routing Number (9 digits)

Email Address for Payment Confirmation Emails

Signature: _____ **Date:** _____