

# **CGI Advantage<sup>®</sup> Vendor Self Service**

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## **Registration Quick Start Guide**

**Release 3.11**

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**CGI Advantage® Vendor Self Service  
Registration Quick Start Guide  
Release 3.11**

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## Overview

This guide has been developed to provide an overview of an account setup in the CGI Advantage Vendor Self Service (VSS) application. You should follow this guide if:

You have an **existing** payee/vendor account with this client and wish to **activate your account on this website.** If you have more than one payee/vendor account and cannot activate your desired account, please contact the Help Desk.

### **OR**

You are a **new** payee/vendor that is interested in conducting business with this client for the first time, and need **to create a new payee/vendor account.**

|                                                                                                                                                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b><u>NOTE:</u></b> Please remember your User ID and Password when you create them as you will need them to log back into the Advantage Vendor Self Service (VSS) application. Both the User ID and Password are case sensitive.</p> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## Section 1: Look to see if a Payee/Vendor Account Exists in VSS

**Step 1.1:** Click the **Register** button to start the Vendor Registration process.


**CGI**

**Welcome to CGI Advantage Vendor Self Service**

The CGI Advantage Vendor Self Service allows you, as a payee/vendor, to manage your own account information, view your financial transactions and much more. Click on the Register button to begin filling out an electronic application to become a payee/vendor.

**Announcements**  
[View All Announcements](#)

**Contacts**  
 Click on link below to view the list of department contacts.  
[Department Contacts](#)

**Forms**  
 Click on a form below to either save it to your desktop or open it in Adobe.  
 [VSS Registration Quick Start Guide](#)  
[Access forms](#)

**User ID**

**Password**

**Login**

[Password Reset](#)

Click the Register button to register a new or existing account.


**Register**

**Public Access**

Click here to initiate process.

[Help](#) [Contact Us](#)  
[Privacy Report](#)

**Step 1.2:** Carefully read the “Memorandum of Agreement” and then click on the **Accept Terms** button if you agree with the terms.



Welcome, New

[View Frequently Asked Questions](#)

## Memorandum of Agreement

[Privacy Report](#) | [Contact Us](#)

You must accept the terms of this Memorandum of Agreement in order to register as a vendor with VSS. If you choose not to accept these terms you will be returned to the HomePage for Guests.

By submitting this electronic vendor registration, you certify and warrant that you are duly authorized, by the Vendor to: (i) register the Vendor; (ii) file, on behalf of the Vendor, all of the information requested in this registration process; and (iii) enter into this Agreement on behalf of the Vendor. By submitting this electronic vendor registration, you hereby agree on behalf of the Vendor and for the benefit of each agency and public body that:

1. The Vendor shall use VSS vendor registration update functionality to update the Vendor's registration information whenever necessary to ensure that the registration information remains accurate and complete at all times.
2. The Vendor hereby warrants that the information provided by the Vendor through the VSS registration and VSS registration update functionality shall at all times be accurate, complete and current. The Vendor further warrants that each agency and public body shall be entitled at all times to rely conclusively on the currency, accuracy and completeness of the information the Vendor has provided through the VSS registration and VSS registration update functionality as of that date even if different information is or has been available to or received by agency or public body personnel through means other than the VSS registration and registration update functionality.

This Agreement shall remain in effect for as long as the Vendor is registered as a VSS vendor. All rights are reserved to cancel the Vendor's registration at any time. In the event the Vendor's registration is cancelled, the Vendor shall remain bound to this Agreement in regard to completion of any contract, purchase order or other electronic procurement transaction that was made or administered in whole or in part using VSS.

**Step 1.3:** The Registration Tips page lists the information that you should have available before beginning a new registration. You can click on the **Next** button to continue.

**CGI**  
Welcome, New  
[View Frequently Asked Questions](#)

[Privacy Report](#) | [Contact Us](#)

**Registration Tips**

Already registered? Click [here](#) to login. Otherwise, click Next to continue.

Assemble the following information before continuing:

- Information on each location (first location entered will be considered the Headquarters)
- Tax ID Number
- Legal Business name
- DUNS Number
  - A free number issued by Dun & Bradstreet for each business location
  - Call toll free at 888-814-1435 to obtain/verify your number
  - Indicate that you are doing business with a Government entity
- Contact Information (name, address, email, phone and fax)
  - Account Administrator (person responsible for your account)
  - Ordering
  - Payment
- Descriptions of your products and services (for example, commodity codes)

**Step 1.4:** This search page helps you determine if you have an existing vendor account. To initiate the search process, you can choose to search by Company or by Individual depending on your type of business. The distinction between these two is that an Individual's Taxpayer Identification Number is his/her Social Security Number (SSN) or alternative identifier whereas a Company's Taxpayer Identification is generally their Federal Employer Identification Number (EIN). Enter the pertinent information in either the Company Search or Individual Search section and then click on the corresponding **Search** button.

**CGI** Search for an Existing Account/Results Found

To activate your account you must have a vendor code. This page will help you determine whether or not you have one. You will not be able to create a new code if one already exists. If the account exists it will be designated as a company or individual based on the information you previously provided. Please select one of the search options below to determine if you already have a vendor code.

**Company Search**  
To see if you have a vendor code and have an Employer Identification Number (EIN) on file, first search by TIN:

Taxpayer Identification Number  OR Legal Business Name

**Search**

**Individual Search**  
To see if you have a vendor code and have a Social Security Number (SSN) on file enter your Last Name and last four digits of your Social Security Number.

Last Name  AND Last 4 digits of SSN

**Search**

The following exists for the information you entered:

| Vendor Number | Legal Business Name    | Alias/DBA Name               | Activated? |
|---------------|------------------------|------------------------------|------------|
| 4711011001    | Collins Petroleum Inc. | Collins Oil Drilling Company | No         |

[Click here to activate your account](#)

**Has your account been found and listed above?**

Yes, but it is already registered → Click the "Contact your Administrator" link to determine who you need to contact for access.

Yes, but it is not yet registered → Click the "Click here to activate your account" link to begin the process for activating your account.

Yes, but not my business location → Click the "Add Business Location" link to add your business location.

Yes, but the registration is already in progress → Click the "Click to continue registration" link to login and continue activating your account.

No, register now. → Click the "New Registration" button to create a vendor code and account.

**New Registration**

**Cancel Registration** **Back**

Additional Resources & Information:

Based on the search results:

- If your account has been found, please continue to steps in Section 2 below.
- If your account has NOT been found, and you believe you have an existing account, please try again, and read the hints displayed on the page above regarding the use of wildcards to help in your search. If you still cannot find your account, then please contact the Help Desk for assistance.
- If your account has NOT been found, and you are a new vendor that is interested in conducting business with this client, please skip Section 2 below, and proceed directly to Section 3.



## Section 2: An Existing Account HAS BEEN FOUND in VSS

In the examples below, an **EXISTING ACCOUNT** has been found:

Example 1: A company account is found.

**CGI**  
Welcome, New  
[View Frequently Asked Questions](#)

[Privacy Report](#) | [Contact Us](#)

[Cancel Registration](#) [Back](#)

### Search for an Existing Account/Results Found

To activate your account you must have a vendor code. This page will help you determine whether or not you have one. You will not be able to create a new code if one already exists. If the account exists it will be designated as a company or individual based on the information you previously provided. Please select one of the search options below to determine if you already have a vendor code.

▼ **Company Search**  
To see if you have a vendor code and have an Employer Identification Number (EIN) on file, first search by TIN.

Taxpayer Identification Number  OR Legal Business Name

OR

▼ **Individual Search**  
To see if you have a vendor code and have a Social Security Number (SSN) on file enter your Last Name and last four digits of your Social Security Number.

Last Name  AND Last 4 digits of SSN

The following exists for the information you entered:

| Vendor Number | Legal Business Name   | Alias/DBA Name              | Activated? |
|---------------|-----------------------|-----------------------------|------------|
| A711011001    | Colina Petroleum Inc. | Colina Oil Drilling Company | No         |

[Click here to activate your account](#)

### Has your account been found and listed above?

Yes, but it is already registered → Click the "Contact your Administrator" link to determine who you need to contact for access.

Yes, but it is not yet registered → Click the "Click here to activate your account" link to begin the process for activating your account.

Yes, but not my business location → Click the "Add Business Location" link to add your business location.

Yes, but the registration is already in progress → Click the "Click to continue registration" link to login and continue activating your account.

No, register now. → Click the "New Registration" button to create a vendor code and account.

[Cancel Registration](#) [Back](#)

Additional Resources & Information:

Example 2: An individual account is found.

**CGI**  
Welcome, New  
[View Frequently Asked Questions](#)

**Search for an Existing Account/Results Found** [Privacy Report](#) [Contact Us](#)

[Cancel Registration](#) [Back](#)

To activate your account you must have a vendor code. This page will help you determine whether or not you have one. You will not be able to create a new code if one already exists. If the account exists it will be designated as a company or individual based on the information you previously provided. Please select one of the search options below to determine if you already have a vendor code.

▼ **Company Search**  
To see if you have a vendor code and have an Employer Identification Number (EIN) on file, first search by TIN.

Taxpayer Identification Number  OR Legal Business Name

[Search](#)

OR

▼ **Individual Search**  
To see if you have a vendor code and have a Social Security Number (SSN) on file enter your Last Name and last four digits of your Social Security Number.

Last Name  AND Last 4 digits of SSN

[Search](#)

The following exists for the information you entered:

| Vendor Number | Legal Business Name | Alias/DBA Name    | Activated? |
|---------------|---------------------|-------------------|------------|
| A711011002    | Sara Leigh Collins  | Sara Leigh Curtis | No         |
| VC1000000507  | ADAM COLLINS        | C/O INVYDC        | No         |
| VC1000004173  | ANNE C COLLINS      |                   | No         |
| VC1000004370  | ANNE COLLINS        |                   | No         |

[Click here to activate your account](#)  
[Click here to activate your account](#)  
[Click here to activate your account](#)  
[Click here to activate your account](#)

**Has your account been found and listed above?**

Yes, but it is already registered → Click the "Contact your Administrator" link to determine who you need to contact for access.

Yes, but it is not yet registered → Click the "Click here to activate your account" link to begin the process for activating your account.

Yes, but not my business location → Click the "Add Business Location" link to add your business location.

Yes, but the registration is already in progress → Click the "Click to continue registration" link to login and continue activating your account.

No, register now. → Click the "New Registration" button to create a vendor code and account.

[New Registration](#) [Cancel Registration](#) [Back](#)

**Additional Resources & Information:**

- As you complete each step and move to the next step, the system will check for errors. If there are errors:
- A notification message will be displayed at the top of the page.
- You must correct the errors indicated before continuing to the next step.
- Additional Help can be found in the Frequently Asked Questions located on the left hand navigation bar.

When an existing account is found you will be presented with one of the links described below. Select the link that best addresses your needs. Most likely, you will select the link described in Step 2.3 below.

#### Step 2.1: "Contact your Administrator" link

- Explanation – A vendor administrator has already been established for this account.
- Action – Click on this link to display the vendor administrator contact information. Contact this administrator for assistance with accessing this account.

#### Step 2.2: "Click to Continue Activation" link

- Explanation – A user is in the process of creating an account but has not completed the registration. He/she can return at a later date to complete the process.
- Action – Click on this link to continue with the registration if you are the user that started the registration. Otherwise, contact the Help Desk for assistance.

**Step 2.3:** “Click here to activate your account” link

- Explanation – The company has done business previously with this client but has not yet established an account in VSS. Click on the link to create a User ID for this account.
- Action – Click on this link to create a User ID for the account.

**Step 2.3.1:** The Account Verification page will prompt you to enter information to authenticate you as a valid user for this account. Enter the requested information and click the **Next** button to continue.

**Note:** The example below is a sample of the type of information that you may be prompted to enter. The actual information that you are prompted to enter may vary.

**CGI**  
Welcome, New  
[View Frequently Asked Questions](#)

**Account Verification**  
To activate your account, select an option below and enter the information required. If you need assistance call your agency contact.

[Privacy Report](#) | [Contact Us](#)

[Cancel Registration](#) [Back](#) [Next](#)

Please select the Frequently Asked Questions for suggestions on how to find the information required.

☒ **Check/EFT Information** (The Check or EFT stub must have been issued by the Advantage Financial.)

Check/EFT Number  (Omit the "AD" or "EFT" prefix and only enter the 10 digit check number)  
Example: 1234567890

Check/EFT Amount  (Do not enter commas)  
Example: 123.45

☐ **Contract or Purchase Order Information**

Contract or Purchase Order number     
Example: PO 123 12345678901

**Additional Resources & Information:**

- As you complete each step and move to the next step, the system will check for errors, if there are errors:
- A notification message will be displayed at the top of the page.
- You must correct the errors indicated before continuing to the next step.
- Additional Help can be found in the Frequently Asked Questions located on the left hand navigation bar.

**Step 2.3.2:** Once your information has been verified by the system you will see the “My User Information” page. Complete all of the fields indicated with a red asterisk and click on the **Next** button to continue.

**NOTE: PLEASE REMEMBER YOUR USER ID AND PASSWORD IN ORDER TO LOG INTO THE VSS APPLICATION AGAIN.**

**CGI**  
Welcome, New  
[View Frequently Asked Questions](#)

☐ User Information  
☐ Verify and Submit Registration

**My User Information**

Create your user ID here. You will be assigned the role of Primary Account Administrator. Please see the Frequently Asked Questions for additional details about the Primary Account Administrator role.

**General Information**

\*User ID (case sensitive):   
(User ID should be between 2 and 16 characters in length)

\*First Name:

\*Last Name:

\*Email:

\*Re-enter Email:

\*Phone:  Ext.:   
(000-XXX-XXXX)

Fax:   
(000-XXX-XXXX)

**Password**

\*Password (case sensitive):   
(Passwords should be between 2 and 16 characters in length)

\*Re-enter Password:

\*Security Question:

\*Security Answer (case sensitive):

\*Re-enter Security Answer:

\* Indicates a required field

Additional Resources & Information:

[Cancel Registration](#) [Back](#) [Next](#)

As you complete each step and move to the next step, this system will check for errors.

**Step 2.3.3:** Click on the **Submit Registration** button to complete your registration.

**Note:** After you complete your registration you will be able to login to your account and review and, if needed, update the information that we have on file for your account.

**CGI**  
[View Frequently Asked Questions](#)

**Submit Registration**

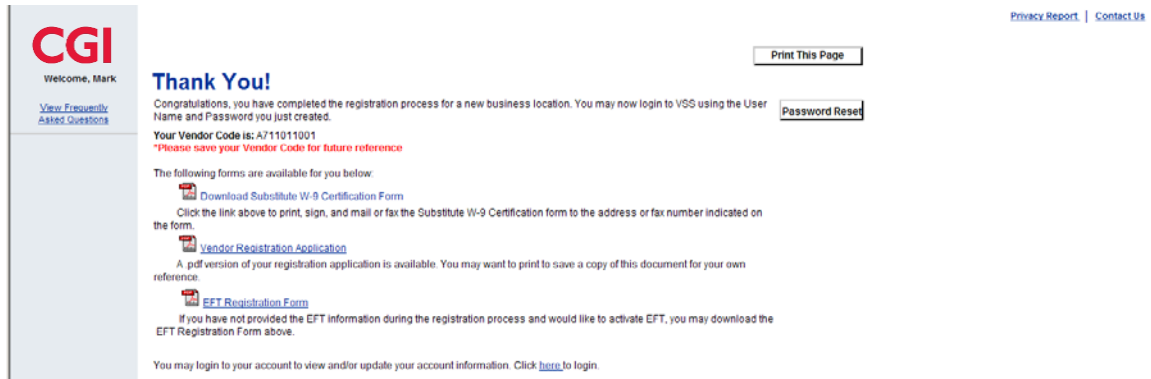
To activate your vendor account please click "Submit Registration".

[Submit Registration](#)

[Save and Close](#) [Cancel Registration](#)

[Save and Close](#) [Cancel Registration](#)

Next you will see the “Thank You” page which indicates that you have finished the registration process.



You have now completed the registration process and going forward can login to VSS using your User ID and Password (via the website). Please note that your User ID and Password are both case sensitive.

**NOTE: YOU CAN SKIP THE REST OF THIS QUICK START GUIDE DOCUMENT SINCE YOU HAVE COMPLETED THE REGISTRATION PROCESS.**

## Section 3: Your Account HAS NOT BEEN FOUND

This section is a continuation from Section 1.

In the example below no existing account has been found. You can click on the **New Registration** button to create a new vendor account.

**CGI**  
Welcome, New  
[View Frequently Asked Questions](#)

[Privacy Report](#) | [Contact Us](#)

### Search for an Existing Account/Results Not Found

To activate your account you must have a vendor code. This page will help you determine whether or not you have one. You will not be able to create a new code if one already exists. If the account exists it will be designated as a company or individual based on the information you previously provided. Please select one of the search options below to determine if you already have a vendor code.

**Company Search**  
To see if you have a vendor code and have an Employer Identification Number (EIN) on file, first search by TIN:

Taxpayer Identification Number  OR Legal Business Name

**OR**

**Individual Search**  
To see if you have a vendor code and have a Social Security Number (SSN) on file enter your Last Name and last four digits of your Social Security Number.

Last Name  AND Last 4 digits of SSN

**No results have been found for your account. Please perform further research or select the New Registration button to create a new account.**

**Additional Resources & Information:**

- As you complete each step and move to the next step, the system will check for errors. If there are errors:
- A notification message will be displayed at the top of the page.
- You must correct the errors indicated before continuing to the next step.
- Additional Help can be found in the Frequently Asked Questions located on the left hand navigation bar.

**Click "New Registration"**

**Step 3.1:** Complete all the fields indicated with an asterisk and click on the **Next** button to continue.

**NOTE: PLEASE REMEMBER YOUR USER ID AND PASSWORD IN ORDER TO LOG INTO VSS AGAIN.**

**My User Information**

Create your user ID here. You will be assigned the role of **Primary Account Administrator**. Please see the Frequently Asked Questions for additional details about the Primary Account Administrator role.

**General Information**

\*User ID (case sensitive): [collinsuser2]  
(User ID should be between 2 and 16 characters in length )

\*First Name: [Virginia]  
\*Last Name: [Collins]  
\*Email: [jane.mizak.cgi@gmail.com]  
\*Re-enter Email: [jane.mizak.cgi@gmail.com]  
\*Phone: [281-337-3377] Ext.: [373377]  
Fax: [ ]  
(000-000-0000)

**Password**

\*Password (case sensitive): [ ] (Passwords should be between 2 and 16 characters in length )  
\*Re-enter Password: [ ]  
\*Security Question: [What is your favorite color?]  
\*Security Answer (case sensitive): [ ]  
\*Re-enter Security Answer: [ ]

\* Indicates a required field

Additional Resources & Information:

Cancel Registration Back Next

**Step 3.2:** You will be prompted to verify the email address that you entered on the previous page. Confirm that your email address is correct and then click the **Next** button to continue. A confirmation email will then be sent your email address.

**Verify Email Address**

To continue your VSS registration, we must verify your email address. When you receive the email we send you, follow the link provided or copy the link into your browser.

Make sure your own security setting will not block the receipt of this email. To prevent the email from being blocked, add the following address to your email contacts: Host@Advantage.com

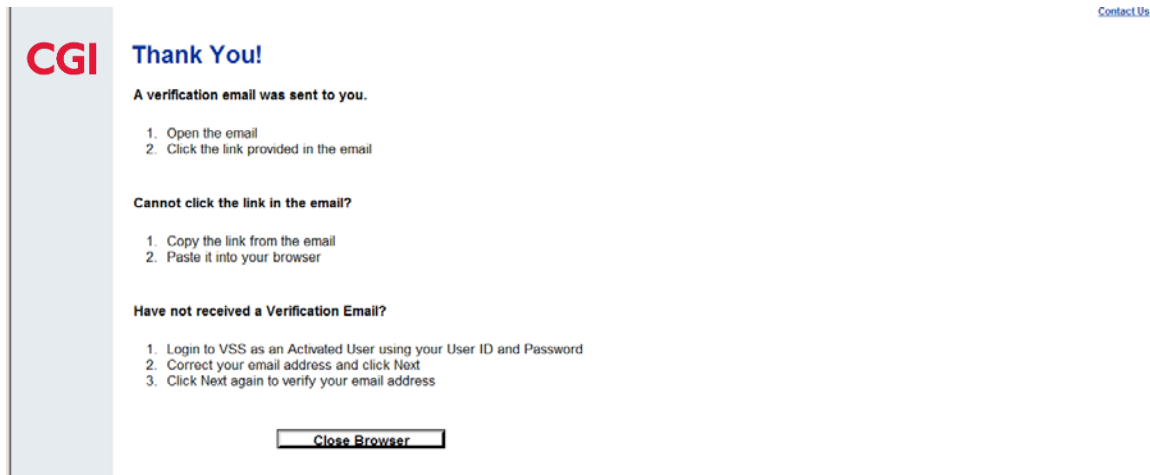
An email will be sent to the following address: jane.mizak.cgi@gmail.com

Additional Resources & Information:

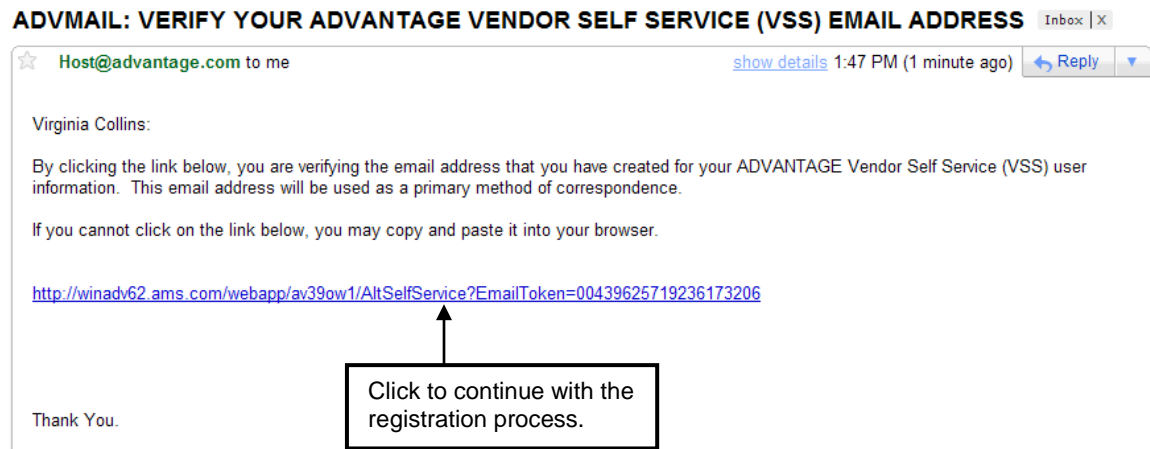
- As you complete each step and move to the next step, the system will check for errors.
- If there are errors:
  - A notification message will be displayed at the top of the page.
  - You must correct the errors indicated before continuing to the next step.
  - Additional Help can be found in the Frequently Asked Questions accessible from the left hand navigation bar.

Cancel Registration Back Next

**Step 3.3:** Review the information on the Thank You page and then click the **Close Browser** button to exit from the VSS application. You will receive an email from VSS to continue with your registration.



**Step 3.4:** Open your email and click on the link provided to continue with the registration process.



**Step 3.5:** After you click on the link you will be transitioned to a VSS login page. Enter the User ID and Password that you created earlier and click **Login**. Remember that both User ID and Password are case sensitive.



**Note: Do not bookmark this page. You will be logging in from the VSS home page once your registration is complete.**

**Step 3.6:** Select the TIN Type for your account, select the Classification that applies to your business or individual account, and then, if the option is available, indicate if you are a Healthcare Provider. Click **Next** to continue.

**Note: If you select the first TIN Type option be sure to select whether you have a SSN, ITIN, or ATIN.**

Classification: Select the Classification that applies.

Healthcare Provider: Indicate if you are a Healthcare Provider.

AND

▼ Healthcare Provider

Are you a Healthcare Provider that receives payments from us?

☒ Yes ☐ No

The Healthcare Provider section is only displayed if the 'Allow VSS vendors to choose healthcare provider designation' (ALW\_ACA\_VSS) parameter on the Application Parameters (APPCTRL) page is set to *True*.

**Note:** If you have any issues with how you should answer any of these questions, click the **Submit Question** button at the bottom of the page. After you submit your question, click **Save and Close** to exit the application. VSS will save the information that you already entered and will remember your progress. Once you receive an answer to your question you can log back in and VSS will return you to the place where you left off.

**Step 3.7:** The next step is the "My Business Information" page. A few fields on this page will be pre-populated by answers you provided on the previous page. The fields with red asterisks (\*) are required to move forward. However, if any of the other fields are applicable to you, we suggest you fill them in.

**Note:** Some of the sections, fields, or field names displayed on the My Business Information page may vary based on certain system settings.

If you have indicated that you are **not** a Healthcare Provider in the previous step, the Step 2: My Business Information page is displayed as follows:

[Privacy Report](#)

**CGI**

Welcome, Jennifer

[View Frequently Asked Questions](#)

☒ New Account Info.

☐ My Business Info.

☐ Addresses & Contacts

☐ Additional Business Information

☐ Registration Summary

**Step 2: My Business Information**

[Save and Close](#) [Cancel Registration](#) [Back](#) [Next](#)

Please enter the general information below. Fields with a red asterisk (\*) indicate required fields. Some of the fields are populated with data gathered from the questions you previously answered. Please review all information carefully before proceeding. You must select the Save and Close prior to exiting. If you do not, you will have to re-enter all data again.

▼ Location Verification

This section will be used to establish a verification code that other locations within your company will be required to use when registering a new location for your company.

\*Verify My Locations by:  The below fields are required only if you selected "Create My Own" above.

Vendor Verification Based on:

Vendor Verification Password:

Confirm Verification Password:

▼ Organization Information

\*Organization Type:  [Change](#)

\* A Change to this field will remove all data previously entered.

\*Classification:

Location Name:

Location Web Address:

Number of Employees:

Annual Income:

Foreign Tax ID:

NOTE: If you have more than one NPI you only need to enter one of them. We are required by Federal Law to capture this information.

National Provider ID:

Assigning Authority:

CAGE Code:

GIN:

W-8 Form:

DUNS:

9 digits (No dashes)

Extended DUNS:

4 digits (No dashes)

Internet Catalog:

Please include http:// or https://

Preferred Ordering Method:

Pcard Acceptance Level:

▼ Legal Name Information

\*Legal Name on W-9:  Business Name (Alias/DBA):  Name on Check:

▼ 1099 TIN Information

Create Taxpayer ID Number:  Taxpayer ID Number:

Re-enter Taxpayer ID Number:  Taxpayer ID Number Type: EIN 1099 Reportable: No

▼ Legal (1099) Address Information

\*Street 1:

\*City:

\*State/Province:

\*Zip/Postal Code:

|                                                                                           |                                               |
|-------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>EFT Information</b>                                                                    |                                               |
| ABA Number : <input type="text"/> <input type="button" value="Find"/>                     | Account Number : <input type="text"/>         |
| Account Type : <input type="text"/>                                                       | Routing ID Number : <input type="text"/>      |
| Remittance Advice Transmission Mode : <input type="text"/>                                |                                               |
| <b>Discount Information</b>                                                               |                                               |
| If appropriate, please enter any Discount Terms you offer for prompt payment of invoices. |                                               |
| Number of Days 1 : <input type="text"/>                                                   | Discount Percent 1 : <input type="text"/>     |
| Number of Days 2 : <input type="text"/>                                                   | Discount Percent 2 : <input type="text"/>     |
| Number of Days 3 : <input type="text"/>                                                   | Discount Percent 3 : <input type="text"/>     |
| Number of Days 4 : <input type="text"/>                                                   | Discount Percent 4 : <input type="text"/>     |
| <b>Executive Compensation</b>                                                             |                                               |
| Officer Name 1 : <input type="text"/>                                                     | Officer Compensation 1 : <input type="text"/> |
| Officer Name 2 : <input type="text"/>                                                     | Officer Compensation 2 : <input type="text"/> |
| Officer Name 3 : <input type="text"/>                                                     | Officer Compensation 3 : <input type="text"/> |
| Officer Name 4 : <input type="text"/>                                                     | Officer Compensation 4 : <input type="text"/> |
| Officer Name 5 : <input type="text"/>                                                     | Officer Compensation 5 : <input type="text"/> |

**Additional Resources & Information:**

- As you complete each step and move to the next step, the system will check for errors.  
If there are errors:
- A notification message will be displayed at the top of the page.
- You must correct the errors indicated before continuing to the next step.
- Additional Help can be found in the Frequently Asked Questions located on the left hand navigation bar.

If you have indicated that you are a Healthcare Provider in the previous step, the Step 2: My Business Information page is displayed as follows:

CGI

Welcome, Jennifer

[View Frequently Asked Questions](#)

☒ New Account Info.  
☐ My Business Info.  
☐ Addresses & Contacts  
☐ Additional Business Information  
☐ Registration Summary

Step 2: My Business Information

Save and Close

Cancel Registration

Back

Next

Please enter the general information below. Fields with a red asterisk (\*) indicate required fields. Some of the fields are populated with data gathered from the questions you previously answered. Please review all information carefully before proceeding. You must select the Save and Close prior to exiting. If you do not, you will have to re-enter all data again.

▼ Location Verification

This section will be used to establish a verification code that other locations within your company will be required to use when registering a new location for your company.

\*Verify My Locations by:

Use My TIN Number

The below fields are required only if you selected "Create My Own" above

Vendor Verification Based on:

Vendor Verification Password:

Confirm Verification Password:

▼ Organization Information

Organization Type:

Change

\* A change to this field will remove all data previously entered.

\* Classification:

Corporation

Location Name:

Location Web Address:

Number of Employees:

Annual Income:

Foreign Tax ID:

NOTE: If you have more than one NA you only need to enter one of them. We are required by Federal Law to capture this information.

National Provider Identifier (NPI):

Assigning Authority:

CAGE Code:

GIN:

W-9 Form:

DUNS:

9 digits (No dashes)

Extended DUNS:

4 digits (No dashes)

Internet Catalog:

Please include Http:// or Https:

Preferred Ordering Method:

Pcard Acceptance Level:

▼ Legal Name Information

\* Legal Name on W-9:

Business Name (Alias/DBA):

Name on Check:

▼ 1099 TIN Information

Create Taxpayer ID Number:

Re-enter Taxpayer ID Number:

Taxpayer ID Number:

Taxpayer ID Number Type: SSN/ITIN/ATIN

1099 Reportable: No

▼ Legal (1099) Address Information

\* Street 1:

\* City:

\* State/Province:

\* Zip/Postal Code:

Health Care Provider EFT Enrollment

The following four sections display and capture the information as required by the Federal Law for Health Care Provider EFT Enrollment. If you choose to enroll in EFT as part of the registration, fill out the Financial Institution Information section.

▼ Provider Information

Provider Name :

▼ Provider Identifiers Information

Provider Federal Tax Identification Number (TIN)  
or Employee Identification Number (EIN) :

National Provider Identifier (NPI) :

▼ Financial Institution Information

Financial Institution Name :  [Find](#)

Financial Institution Routing Number :

Type of Account at Financial Institution :

Provider's Account Number with Financial Institution :

NOTE: We are required by Federal law to capture this information

Account Number Linkage to Provider Identifier :

▼ Submission Information

Reason for Submission :  New Enrollment

Authorized Signature - Electronic Signature of Person Submitting Enrollment : ☒

▼ Discount Information

If appropriate, please enter any Discount Terms you offer for prompt payment of invoices.

Number of Days 1 :

Discount Percent 1 :

Number of Days 2 :

Discount Percent 2 :

Number of Days 3 :

Discount Percent 3 :

Number of Days 4 :

Discount Percent 4 :

▼ Executive Compensation

Officer Name 1 :

Officer Compensation 1 :

Officer Name 2 :

Officer Compensation 2 :

Officer Name 3 :

Officer Compensation 3 :

Officer Name 4 :

Officer Compensation 4 :

Officer Name 5 :

Officer Compensation 5 :

[Save and Close](#)

[Cancel Registration](#)

[Back](#)

[Next](#)

Additional Resources & Information:

- As you complete each step and move to the next step, the system will check for errors.
- If there are errors:
  - A notification message will be displayed at the top of the page.
  - You must correct the errors indicated before continuing to the next step.
- Additional Help can be found in the Frequently Asked Questions located on the left hand navigation bar.

**Step 3.8:** If your organization has a Classification of *Foreign* and you have selected W-8 Form in the Organization Information section in the previous step, the next step is the W-8 Form Information page. If your organization is not classified as *Foreign*, please skip to the next step.

The W-8 Form Information page displays the W-8 Form you selected in the Organization Information section of the previous step. Here, you can enter all pertinent information for your organization into the W-8 Form. You may only add one W-8 Form during the registration process. The fields displayed on the W-8 Form page pertain to the W-8 Form type you selected in the previous step. The below screen capture is only an example of one type of W-8 Form.

Welcome, Jennifer

[View Frequently Asked Questions](#)

☒ New Account Info.

☒ My Business Info.

☐ Addresses & Contacts

☐ Additional Business Information

☐ Registration Summary

### W-8 Form Information

Based on the answers you provided on previous pages regarding your W-8 Form and Foreign Vendor status, additional information is required to capture your complete vendor status for certification.

W-8 Form Type: W-8BEN-E Change

#### W-8 Form Information

Part I - Identification of Beneficial Owner  
(see IRS W-8ECI Form instructions)

\*1 Name of organization that is the beneficial owner

\*2 Country of incorporation or organization

3 Name of disregarded entity receiving the payment (if applicable)

\*4 Chapter 3 Status (entity type) (Select one option only):

If you entered disregarded entity, partnership, simple trust, or grantor trust above, is the entity a hybrid making a treaty claim?  
If "Yes" complete Part III.  
☐

\*5 Chapter 4 Status (FATCA status)  
(Must select one option only unless otherwise indicated). (See IRS W-8BEN-E instructions for details and complete the certification below for the entity's applicable status).

\*6 Permanent residence address (street, apt. or suite no., or rural route).  
Do not use a P.O. box or in-care-of address (other than a registered address)

\*City or town, state or province. Include postal code where appropriate.

\*Country

7 Mailing address (if different from above)

Save and Close Cancel Registration Back Next

**Step 3.9:** You entered your Legal address on the My Business information page. In this step, the system asks you questions regarding four additional types of addresses. VSS collects an address for Administrative correspondence, an address for Ordering from you, an address for sending Payments to you, and an optional address for Billing you if you owe fees or other payments. You can choose to specify the same address or different addresses for each of these four address types.

**CGI**  
Welcome, Virginia

[View Frequently Asked Questions](#)

☒ New Account Info  
☒ My Business Info  
☐ Addresses & Contacts  
☐ Additional Business Information  
☐ Registration Summary

**Add Business Location - Address Information Questionnaire**

Please enter the following information about your Administrative, Ordering, Payment, and Billing addresses.

**Legal Address Information**

Address : 301 First Avenue  
City : Houston  
State : TX  
Zip/Postal Code : 77449

**Address Questions**

A: Should your legal address listed above be used for any other type of address (Administrative, Ordering, Payment or Billing)?  
☐ No  
☒ Yes

B: Is your address information the same for Administrative, Ordering, Payment, and Billing addresses?:  
☐ No  
☒ Yes

C: Do you have the same contact for all address types (Administrative, Ordering, Payment, or Billing)?  
☐ No  
☒ Yes

Additional Resources & Information:

- As you complete each step and move to the next step, the system will check for errors. If there are errors:
- A notification message will be displayed at the top of the page.
- You must correct the errors indicated before continuing to the next step.
- Additional Help can be found in the Frequently Asked Questions located on the left hand navigation bar.

Save and Close Cancel Registration Back Next

Answer these questions as applicable. Then click "Next" to continue. Additional information for each question is provided below.

The three address questions above are labeled A, B, and C in this example. Here is a short explanation for each question.

A: If your Legal Address is the same address as any one of the additional four address types (Administrative, Ordering, Payment, and Billing) then choose **Yes** on A. Otherwise, choose **No**.

B: Regardless if you choose **Yes** or **No** on A above, if your Administrative, Ordering, Payment, and Billing addresses are all the same address, choose **Yes** on B. Otherwise, choose **No**.

C: If you want a single contact person for all four address types, choose **Yes** on C. Otherwise, choose **No**.

Here is an example of what the Addresses and Contacts page will look like if you answered Yes to all of the previous questions. Complete your address and contact information and then click the **Next** button. If you answered *No* to the second or third questions then you will be transitioned to a series of pages to collect information for each of the address types.

**Note:** If you would prefer not to setup a billing address at this time then uncheck the Billing checkbox at the top of the page before clicking **Next**.

Welcome, Laura

[View Frequently Asked Questions](#)

☒ New Account Info.

☒ My Business Info.

☐ Addresses & Contacts

☐ Additional Business Information

☐ Registration Summary

**Step 3: Addresses and Contacts**

Based on the answers you provided on the previous page additional information is required to capture address and contact details for each of your different address types. If you wish to enter the same address and contact combination for each type enter all of the required fields below related to your Administrative, Ordering, Payment, and Billing address and select the Next button to proceed. Please note that your Billing address information is optional. If you do have separate address and contact combinations for each address type you may go back to the previous page and change the answers you provided in order to fill out all the address and contact information on multiple pages.

☒ Administrative  
☒ Ordering  
☒ Payment  
☒ Billing *Entering a Billing Address is optional. Please uncheck this box prior to clicking 'Next' if you would prefer to enter a Billing Address at a later time.*

**▼ Address Information**

**\*Street 1:**   
Street Address, P.O. Box, Company Name, etc.  
**Street 2:**   
Street Address, P.O. Box, Company Name, etc.  
**\*City:**   
**\*State/Province:**   
**Zip/Postal Code:**   
**Country:**   
**County:**   
**\*Phone:**  **Ext.:**   
XXX-XXX-XXXX  
**Additional Address Info:**   
**Division/Department:**   
**DUNS:**   
**Extended DUNS:**   
**CAGE Code:**

**▼ Contact Information**

For the address type shown above, please enter a contact person.

**\*Principal Contact:**  **Fax:**   
**Title Role:**  **Fax Extension:**   
**Permissions:**  **Alternate Fax:**   
**Authorized Representative:** ☐ **Alternate Fax Extension:**   
**\*Phone:**  **Email:**   
**Phone Extension:**  **Correspondence Type:**   
**Alternate Phone:**   
**Alternate Phone Extension:**   
**English Spoken:** ☒

**Additional Resources & Information:**

- As you complete each step and move to the next step, the system will check for errors. If there are errors:
- A notification message will be displayed at the top of the page.
- You must correct the errors indicated before continuing to the next step.
- Additional Help can be found in the Frequently Asked Questions located on the left hand navigation bar.

**Step 3.10:** Additional Business Information allows you to enter additional optional information about your company and documents/attachments to be associated with your vendor account.

**CGI**

Welcome, Jennifer

[View Frequently Asked Questions](#)

☒ New Account Info.

☐ My Business Info.

☐ Addresses & Contacts

☐ Additional Business Information

☐ Registration Summary

**Step 4: Additional Business Information**

[Save and Close](#) [Cancel Registration](#) [Back](#) [Next](#)

**Attachments**

Click the "Add" button to add supporting documents and files to your vendor account. This information is optional.

[Add](#)

| File Name                                                                            | Date | User ID | Attachment Type | Description |
|--------------------------------------------------------------------------------------|------|---------|-----------------|-------------|
| <a href="#">First</a> <a href="#">Prev</a> <a href="#">Next</a> <a href="#">Last</a> |      |         |                 |             |

**Commodities**

Select the commodity codes/classes that describe goods and services that your organization provides. Click the "Add" button to identify the appropriate commodities for your organization. This information is optional.

[Add](#)

| Commodity/Service Code                                                               | Commodity Description |
|--------------------------------------------------------------------------------------|-----------------------|
| <a href="#">First</a> <a href="#">Prev</a> <a href="#">Next</a> <a href="#">Last</a> |                       |

**Attachments section:** Click the **Add** button in this section to add attachments to your company's profile. Once you have selected the files, click **Attach File** to save your attachments. Note: This section is only displayed when the Allow VSS Vendor Attachments (ALLOW\_VSS\_VEND\_ATT) parameter on the Application Parameters (APPCTRL) page is set to Yes.

**CGI**

Welcome, Jennifer

[View Frequently Asked Questions](#)

**Add Attachment Files**

Use this page to add the attachments to your vendor record. Click "Browse" to select a file. The maximum size allowed for each file is 10.0MB.

|         |                           |                  |            |              |  |
|---------|---------------------------|------------------|------------|--------------|--|
| File 1: | <a href="#">Browse...</a> | Attachment Type: | Standard ▼ | Description: |  |
| File 2: | <a href="#">Browse...</a> | Attachment Type: | Standard ▼ | Description: |  |
| File 3: | <a href="#">Browse...</a> | Attachment Type: | Standard ▼ | Description: |  |
| File 4: | <a href="#">Browse...</a> | Attachment Type: | Standard ▼ | Description: |  |
| File 5: | <a href="#">Browse...</a> | Attachment Type: | Standard ▼ | Description: |  |

[Attach File](#) [Cancel](#)

**Commodities section:** Click the **Add** button in this section to search for and select commodities that match the goods and services that your company is able to provide. Once you complete your selections, click **OK** to save your selections.



## Commodities

Select the commodity codes/classes that describe goods and services that your organization provides. Click the "Add" button to identify the appropriate commodities for your organization. This information is optional.

**Add**

| Commodity/Service Code | Commodity Description |                        |
|------------------------|-----------------------|------------------------|
| VTH02                  | Commodity 2           | <a href="#">Delete</a> |
| VTH01                  | Commodity 1           | <a href="#">Delete</a> |

First Prev Next Last

**Business Type section:** Click the **Add** button to search for and select business types that pertain to your business. Again, select the appropriate entries and then click **OK** to save the selections. After saving your selections you will have an opportunity to provide a Certification Number and corresponding start and end dates, if appropriate, for each business type.

## Business Types

Click the "Add" button to identify the appropriate business types for your organization. This information is optional.

**Add**

| Business Type ID | Certification Number | Certification Start Date | Certification End Date |                        |
|------------------|----------------------|--------------------------|------------------------|------------------------|
| Dealer           | 12340000000000       | 04/28/2015               |                        | <a href="#">Delete</a> |
| Goods            | 89990000000000 x     | 04/28/2015               |                        | <a href="#">Delete</a> |

First Prev Next Last

**Service Areas Section:** Click the **Add** button in this section to search for and select the specific geographic areas that your business is able to service. Click **OK** after selecting your areas in order to save your selections.

---

**Service Areas**

Click the "Add" button to identify the appropriate service area zone for your organization. This information is optional.

---

Add

| Service Area Code | Service Area Zone |                        |
|-------------------|-------------------|------------------------|
| 2                 | Service Area 1    | <a href="#">Delete</a> |
| 3                 | Service Area 2    | <a href="#">Delete</a> |

---

First
Prev
Next
Last

---

Click **Next** at the bottom of the Additional Business Information after you have selected your commodities, business types and/or service areas.

After you have completed the above sections, you will see the Registration Summary page. This page displays all of the information that you have entered thus far for your review.

**Note:** Some of the sections, fields or field names displayed on the Registration Summary page may vary based on certain system settings.

If you have indicated that you are **not** a Healthcare Provider in the previous step, the Registration Summary page is displayed as follows:

**CGI**

Welcome, Jennifer

[View Frequently Asked Questions](#)

- ☒ New Account Info.
- ☒ My Business Info.
- ☒ Addresses & Contacts
- ☒ Additional Business Information
- ☐ Registration Summary

**Registration Summary**

[Save and Close](#)
[Cancel Registration](#)
[Back](#)
[Submit Registration](#)
[Print This Page](#)

The SUMMARY below is based on the information you entered. If changes are needed, please select the Update Information link. This will navigate you back to the appropriate screen for you to make your change.

**▼ Location Verification**

Verify My Locations by : Use My TIN Number

Please verify that you are part of this organization by entering the TIN number of your Headquarters and hitting submit. If you are unsure of the TIN number, please contact the Account Administrator for your Headquarters.

[Update Information](#)

**▼ Organization Information**

|                                   |                                      |
|-----------------------------------|--------------------------------------|
| Organization Type : Company       | Foreign Tax ID :                     |
| 1099 Classification : Corporation | National Provider Identifier (NPI) : |
| Location Name :                   | Assigning Authority :                |
| Location Web Address :            | CAGE Code :                          |
| Number of Employees :             | GIIN :                               |
| Annual Income :                   | W-8 Form :                           |
| Healthcare Provider : Yes         | DUNS :                               |
|                                   | Extended DUNS :                      |
|                                   | Internet Catalog :                   |
|                                   | Preferred Ordering Method :          |
|                                   | Pcard Acceptance Level :             |

[Update Information](#)

**▼ Legal Name Information**

|                              |               |                 |
|------------------------------|---------------|-----------------|
| Legal Name :                 | First Name :  | Name on Check : |
| Business Name (Alias/ DBA) : | Middle Name : |                 |
| Name Control :               | Last Name :   |                 |

[Update Information](#)

| <b>▼ 1099 TIN Information</b><br>Taxpayer ID Number :<br>Taxpayer ID Number EIN Type :<br>Detailed TIN Type :<br>1099 Reportable : No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                       | <a href="#">Update Information</a> |                        |                       |                          |                        |               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------------------|------------------------|-----------------------|--------------------------|------------------------|---------------|
| <b>▼ Legal (1099) Address Information</b><br>Street 1 :<br>City :<br>State/Province :<br>Zip/Postal Code :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       | <a href="#">Update Information</a> |                        |                       |                          |                        |               |
| <b>▼ Discount Information</b><br>Number of Days 1 :<br>Number of Days 2 :<br>Number of Days 3 :<br>Number of Days 4 :<br>Discount Percent 1 :<br>Discount Percent 2 :<br>Discount Percent 3 :<br>Discount Percent 4 :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                       | <a href="#">Update Information</a> |                        |                       |                          |                        |               |
| <b>▼ Executive Compensation</b><br>Officer Name 1 :<br>Officer Name 2 :<br>Officer Name 3 :<br>Officer Name 4 :<br>Officer Name 5 :<br>Officer Compensation 1 :<br>Officer Compensation 2 :<br>Officer Compensation 3 :<br>Officer Compensation 4 :<br>Officer Compensation 5 :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       | <a href="#">Update Information</a> |                        |                       |                          |                        |               |
| <b>▼ W-8 Form</b><br>1 Name of individual or organization that is the beneficial owner<br>2 Country of citizenship<br>3 Permanent residence address (street, apt. or suite no., or rural route).<br>Do not use a P.O. box or in-care-of-address.<br>City or town, state or province. Include postal code where appropriate.<br>Country<br>4 Mailing address (if different from above)<br>City or town, state or province. Include postal code where appropriate.<br>Country<br>5 U.S. taxpayer identification number (required - see IRS W-8BEN instructions)<br>6 Foreign tax identifying number (see IRS W-8BEN instructions)<br>7 Reference number(s) (see IRS W-8BEN instructions)<br>9 I certify that the beneficial owner is a resident of the specified location within the meaning of the income tax treaty between the United States and that country<br>10 Name of Article for treaty<br>Special rates and conditions (see IRS W-8BEN instructions).<br>Specify type of income<br>Special rates and conditions (see IRS W-8BEN instructions).<br>Explain the reasons the beneficial owner meets the terms of the treaty article<br>Signature of beneficial owner (or individual authorized to sign for the beneficial owner)<br>Print name of signer<br>Capacity in which acting (if form is not signed by beneficial owner)<br>8 Date of birth (MM-DD-YYYY)<br>Percentage % rate<br>Special rates and conditions (see IRS W-8BEN instructions). |                       |                                    |                        |                       |                          |                        |               |
| <a href="#">Update Information</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                       |                                    |                        |                       |                          |                        |               |
| <b>▼ Administrative Address</b><br>Address Information<br>Street 1 :<br>Street 2 :<br>City :<br>State/Province :<br>Zip/Postal Code :<br>Division/Department :<br>DUNS :<br>Extended DUNS :<br>CAGE Code :<br>Country : Tromelin Island<br>County :<br>Phone :<br>Phone Extension :<br>Additional Address Info :<br>Contact Information<br>Principal Contact :<br>Title/Role :<br>Permissions :<br>Authorized Representative : No<br>Phone :<br>Phone Extension :<br>Alternate Phone :<br>Alternate Phone Extension :<br>Fax :<br>Fax Extension :<br>Alternate Fax :<br>Alternate Fax Extension :<br>Email :<br>Correspondence Type :<br>English Spoken : Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                       |                                    |                        |                       |                          |                        |               |
| <a href="#">Update Information</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                       |                                    |                        |                       |                          |                        |               |
| <b>▼ Attachments</b><br><table border="1"> <thead> <tr> <th>File Name</th> <th>Date</th> <th>User ID</th> <th>Attachment Type</th> <th>Description</th> </tr> </thead> <tbody> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       |                                    | File Name              | Date                  | User ID                  | Attachment Type        | Description   |
| File Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Date                  | User ID                            | Attachment Type        | Description           |                          |                        |               |
| <a href="#">Update Information</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                       |                                    |                        |                       |                          |                        |               |
| <b>▼ Commodities</b><br><table border="1"> <thead> <tr> <th>Commodity/Service Code</th> <th>Commodity Description</th> </tr> </thead> <tbody> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                    | Commodity/Service Code | Commodity Description |                          |                        |               |
| Commodity/Service Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Commodity Description |                                    |                        |                       |                          |                        |               |
| <a href="#">Update Information</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                       |                                    |                        |                       |                          |                        |               |
| <b>▼ Business Types</b><br><table border="1"> <thead> <tr> <th>Business Type ID</th> <th>Certification Number</th> <th>Certification Start Date</th> <th>Certification End Date</th> <th>Minority Type</th> </tr> </thead> <tbody> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                       |                                    | Business Type ID       | Certification Number  | Certification Start Date | Certification End Date | Minority Type |
| Business Type ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Certification Number  | Certification Start Date           | Certification End Date | Minority Type         |                          |                        |               |
| <a href="#">Update Information</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                       |                                    |                        |                       |                          |                        |               |
| <b>► Service Areas</b><br><table border="1"> <thead> <tr> <th>Service Area Code</th> <th>Service Area Zone</th> </tr> </thead> <tbody> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                    | Service Area Code      | Service Area Zone     |                          |                        |               |
| Service Area Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Service Area Zone     |                                    |                        |                       |                          |                        |               |
| <a href="#">Update Information</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                       |                                    |                        |                       |                          |                        |               |

Additional Resources & Information:

- As you complete each step and move to the next step, the system will check for errors. If there are errors:
- A notification message will be displayed at the top of the page.
- You must correct the errors indicated before continuing to the next step.
- Additional Help can be found in the Frequently Asked Questions located on the left hand navigation bar.

If you have indicated that you are a Healthcare Provider in the previous step, the Registration Summary page is displayed as follows:

CGI

Welcome, Jennifer

[View Frequently Asked Questions](#)

☒ New Account Info.

☒ My Business Info.

☒ Addresses & Contacts

☒ Additional Business Information

☐ Registration Summary

### Registration Summary

The SUMMARY below is based on the information you entered. If changes are needed, please select the Update Information link. This will navigate you back to the appropriate screen for you to make your change.

**▼ Location Verification**

Verify My Locations by : Use My TIN Number

Please verify that you are part of this organization by entering the TIN number of your Headquarters and hitting submit. If you are unsure of the TIN number, please contact the Account Administrator for your Headquarters.

[Update Information](#)

**▼ Organization Information**

|                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Organization Type :</b> Company<br><b>1099 Classification :</b> Corporation<br><b>Location Name :</b><br><b>Location Web Address :</b><br><b>Number of Employees :</b><br><b>Annual Income :</b><br><b>Healthcare Provider :</b> Yes | <b>Foreign Tax ID :</b><br><b>National Provider Identifier (NPI) :</b><br><b>Assigning Authority :</b><br><b>CAQE Code :</b><br><b>QIN :</b><br><b>W-8 Form :</b><br><b>DUNS :</b><br><b>Extended DUNS :</b><br><b>Internet Catalog :</b><br><b>Preferred Ordering Method :</b><br><b>Pcard Acceptance Level :</b> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

[Update Information](#)

**▼ Legal Name Information**

|                                                                                     |                                                                   |                        |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------|------------------------|
| <b>Legal Name :</b><br><b>Business Name (Alias/ DBA) :</b><br><b>Name Control :</b> | <b>First Name :</b><br><b>Middle Name :</b><br><b>Last Name :</b> | <b>Name on Check :</b> |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------|------------------------|

[Update Information](#)

**▼ 1099 TIN Information**

|                                                                       |                                                           |
|-----------------------------------------------------------------------|-----------------------------------------------------------|
| <b>Taxpayer ID Number :</b><br><b>Taxpayer ID Number (EIN) Type :</b> | <b>Detailed TIN Type :</b><br><b>1099 Reportable :</b> No |
|-----------------------------------------------------------------------|-----------------------------------------------------------|

[Update Information](#)

**▼ Legal (1099) Address Information**

|                                    |                                                     |
|------------------------------------|-----------------------------------------------------|
| <b>Street 1 :</b><br><b>City :</b> | <b>State/Province :</b><br><b>Zip/Postal Code :</b> |
|------------------------------------|-----------------------------------------------------|

[Update Information](#)

**▼ Provider Information**

**Provider Name :**

[Update Information](#)

**▼ Provider Identifiers Information**

|                                                                                                   |                                             |
|---------------------------------------------------------------------------------------------------|---------------------------------------------|
| <b>Provider Federal Tax Identification Number (TIN) or Employee Identification Number (EIN) :</b> | <b>National Provider Identifier (NPI) :</b> |
|---------------------------------------------------------------------------------------------------|---------------------------------------------|

[Update Information](#)

**▼ Financial Institution Information**

**Financial Institution Name :**  
**Financial Institution Routing Number :**  
**Type of Account at Financial Institution :**  
**Provider's Account Number with Financial Institution :**  
**Account Number Linkage to Provider Identifier :**

[Update Information](#)

**▼ Submission Information**

|                                               |                                                                                      |
|-----------------------------------------------|--------------------------------------------------------------------------------------|
| <b>Reason for Submission :</b> New Enrollment | <b>Authorized Signature - Electronic Signature of Person Submitting Enrollment :</b> |
|-----------------------------------------------|--------------------------------------------------------------------------------------|

[Update Information](#)

**▼ Discount Information**

|                                                                                                                  |                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| <b>Number of Days 1 :</b><br><b>Number of Days 2 :</b><br><b>Number of Days 3 :</b><br><b>Number of Days 4 :</b> | <b>Discount Percent 1 :</b><br><b>Discount Percent 2 :</b><br><b>Discount Percent 3 :</b><br><b>Discount Percent 4 :</b> |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|

[Update Information](#)

**▼ Executive Compensation**

|                                                                                                                                     |                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Officer Name 1 :</b><br><b>Officer Name 2 :</b><br><b>Officer Name 3 :</b><br><b>Officer Name 4 :</b><br><b>Officer Name 5 :</b> | <b>Officer Compensation 1 :</b><br><b>Officer Compensation 2 :</b><br><b>Officer Compensation 3 :</b><br><b>Officer Compensation 4 :</b><br><b>Officer Compensation 5 :</b> |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

[Update Information](#)

▼ W-8 Form

1 Name of individual or organization that is the beneficial owner  
 2 Country of citizenship  
 3 Permanent residence address (street, apt. or suite no., or rural route).  
 Do not use a P.O. box or in-care-of address.  
 City or town, state or province. Include postal code where appropriate.  
 Country  
 4 Mailing address (if different from above)  
 City or town, state or province. Include postal code where appropriate.  
 Country  
 5 U.S. taxpayer identification number (required - see IRS W-8BEN instructions)  
 6 Foreign tax identifying number (see IRS W-8BEN instructions)  
 7 Reference number(s) (see IRS W-8BEN instructions)  
 9 I certify that the beneficial owner is a resident of the specified location within the meaning of the income tax treaty between the United States and that country  
 10 Name of Article for treaty  
 Special rates and conditions (see IRS W-8BEN instructions).  
 Specify type of income  
 Special rates and conditions (see IRS W-8BEN instructions).  
 Explain the reasons the beneficial owner meets the terms of the treaty article  
 Signature of beneficial owner (or individual authorized to sign for the beneficial owner)  
 Print name of signer  
 Capacity in which acting (if form is not signed by beneficial owner)  
 8 Date of birth (MM-DD-YYYY)  
 Percentage % rate  
 Special rates and conditions (see IRS W-8BEN instructions).

[Update Information](#)

▼ Administrative Address

Address Information  
 Street 1 : Country : Tromelin Island  
 Street 2 : County :  
 City : Phone :  
 State/Province : Phone Extension :  
 Zip/Postal Code : Additional Address  
 Division/Department : Info :  
 DUNS :  
 Extended DUNS :  
 CAGE Code :

Contact Information  
 Principal Contact : Fax Extension :  
 Title/Role : Alternate Fax :  
 Permissions : Alternate Fax  
 Extension :  
 Authorized Representative : No Email :  
 Phone : Correspondence  
 Phone Extension : Type :  
 Alternate Phone English Spoken : Yes  
 Extension :  
 Fax :

[Update Information](#)

▼ Payment Address

Address Information  
 Street 1 : Country : Tromelin Island  
 Street 2 : County :  
 City : Phone :  
 State/Province : Phone Extension :  
 Zip/Postal Code : Additional Address  
 Division/Department : Info :  
 DUNS :  
 Extended DUNS :  
 CAGE Code :

Provider Information  
 Provider Name : Sample  
 Provider Identifiers Information  
 Provider Federal Tax Identification Number (TIN) National Provider Identifier (NPI) :  
 or Employee Identification Number (EIN) :  
 Financial Institution Information  
 Financial Institution Name :  
 Financial Institution Routing Number :  
 Type of Account at Financial Institution :  
 Provider's Account Number with Financial Institution :  
 Account Number Linkage to Provider Identifier :

Submission Information  
 Reason for Submission : New Enrollment Authorized Signature - Electronic Signature of Person Submitting Enrollment : Checked

Contact Information  
 Principal Contact : Fax Extension :  
 Title/Role : Alternate Fax :  
 Permissions : Alternate Fax  
 Extension :  
 Authorized Representative : No Email :  
 Phone : Correspondence  
 Phone Extension : Type :  
 Alternate Phone English Spoken : Yes  
 Extension :  
 Fax :

[Update Information](#)

|                        |                       |                          |                        |               |                                    |
|------------------------|-----------------------|--------------------------|------------------------|---------------|------------------------------------|
| ▼ Attachments          |                       |                          |                        |               | <a href="#">Update Information</a> |
| File Name              | Date                  | User ID                  | Attachment Type        | Description   |                                    |
|                        |                       |                          |                        |               |                                    |
| ▼ Commodities          |                       |                          |                        |               | <a href="#">Update Information</a> |
| Commodity/Service Code | Commodity Description |                          |                        |               |                                    |
|                        |                       |                          |                        |               |                                    |
| ▼ Business Types       |                       |                          |                        |               | <a href="#">Update Information</a> |
| Business Type ID       | Certification Number  | Certification Start Date | Certification End Date | Minority Type |                                    |
|                        |                       |                          |                        |               |                                    |
| ▶ Service Areas        |                       |                          |                        |               | <a href="#">Update Information</a> |
| Service Area Code      | Service Area Zone     |                          |                        |               |                                    |
|                        |                       |                          |                        |               |                                    |

Additional Resources & Information:

- As you complete each step and move to the next step, the system will check for errors. If there are errors:
- A notification message will be displayed at the top of the page.
- You must correct the errors indicated before continuing to the next step.
- Additional Help can be found in the Frequently Asked Questions located on the left hand navigation bar.

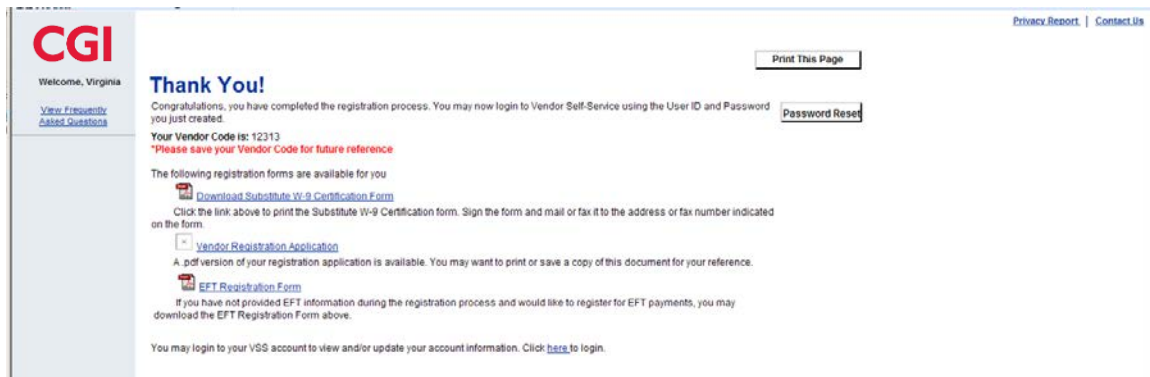
After you have reviewed the summary and confirm that everything is correct, click on the **Submit Registration** button located at the bottom of the page to continue.

If you have entered information on the W-8 Form page, after you click **Submit**, a pop-up window is displayed for you to verify that all the information you have entered is complete and accurate to the best of your knowledge. Click **OK** to close this window.

If you have entered EFT information during the registration process, after you click **Submit**, a pop-up window is displayed for you to verify that all the information you have entered is complete and accurate to the best of your knowledge. Click **OK** to close this window.

**Note:** If you determine that any of your information is incorrect you can click the **Update Information** link in the appropriate section to navigate back and correct your information.

You will see the Thank You page as shown below after submitting your registration.



You have now completed the registration process, and going forward, can login to VSS using your User ID and Password (via the website <enter website URL here>). Please note that your User ID and Password are both case sensitive.