

COVID-19 | Vendor Information Form

ALL INFORMATION IS REQUIRED. Incomplete forms, or those without required documentation, will be rejected. Fill out electronically (not by hand), save, and attach this form with required documentation attached (no links please), and email the complete package to Ask.BuytoPay@kp.org.

The **subject line** of your return email, should be in this format: 1) New or Current KP vendor, 2) Company name, 3) Product type, 4) Current product location (example: **New**, XYZ Company, face shields, China)

Vendor Name: _____ Date Business Established: _____

Contact Name: _____ Vendor Website: _____

Contact Phone: _____ Contact Email: _____

Existing KP Vendor ID # (if applicable): _____

Select item type:

Eye Protection:
face shields, goggles, etc.

Gloves & Gowns: surgical
and isolation

Ventilators and related
supplies

Lab Supplies: swabs, etc.

Masks: N95, ISO,
surgical, etc.

Scrubs

Cleaning products: hand
sanitizer, antiseptic wipes

Other supplies (please
provide description below)

Description: Product manufacturer name, part numbers, **current quantity available and price per unit**, etc

Product Location/Shipping Information: Please list **current** product location (city/state/country), and shipping details if applicable. Note: We may be able to provide shipping support by request.

Date available for shipment: _____

REQUIRED: Attach documentation and certifications (no links), including:

If not attached, we are unable to complete the vetting process and the submission will be rejected.

- Vendor W-9 or W-8 and a VOID invoice copy with remittance address shown
- Pictures of product, product packaging, and detailed specifications
- Product Certifications (FDA, NIOSH, CE as applicable). Certifications need to be clear and legible, with no information redacted, including authorization agreement between the manufacturer/brand and distributor.
 - For **Sterile products** please include **FDA certification**, Copy of the Establishment Registration Number or Firm Establishment Number, and Copy of Device Listing along with the regulation number of the specific device

FRAUD ALERT: KP is partnering with the multi-agency U.S. Federal law enforcement **COVID-19 Fraud Working Group** to ensure integrity of the sourcing process and the health and safety of caregivers, members and patients.

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