

Grantee Onboarding Form

Attach completed IRS Form W-9



An Independent Licensee of the Blue Cross Blue Shield Association

Grantee Legal Name:				
Grantee DBA Name:				
Product/Service Description:				
PAYMENT TERMS				
<input type="checkbox"/> Net 45				
<input type="checkbox"/> Other Contracted Terms:				
PREFERRED PAYMENT METHOD				
<input type="checkbox"/> ACH/EFT - Electronic Payment Information				
Account Number:	ABA Number:			
Bank Name:	Bank Branch:			
Remittance Email Address:				
<input type="checkbox"/> Check - Mailing Address				
Address:				
Attn:				
P.O. Box:	City:	State/Region:		
ZIP Postal Code:	County:	Country:		
A/R Contact Name:				
Telephone Number:	Email Address:			
PURCHASING ORDERS (Email address where P.O.s will be sent)				
Email Address:				
BUSINESS CLASSIFICATION (You must select one and only one)				
<input type="checkbox"/> Small Business Concern	<input type="checkbox"/> Small Disadvantaged Business	<input type="checkbox"/> HUBZona Small Business	<input type="checkbox"/> Service Disabled Veteran-Owned Small Business	<input type="checkbox"/> Alaska Native Corp. & Indian Tribes not Certified
<input type="checkbox"/> Large Business Concern	<input type="checkbox"/> Women-Owned Small Business	<input type="checkbox"/> Veteran-Owned Small Business	<input type="checkbox"/> Historically Black Colleges & Universities	<input type="checkbox"/> Alaska Native Corp. & Indian Tribes not a Small Business