

**FORM D**

Pharmacy Services DSHS Open Enrollment No. HHS0014137

Vendor Information Form



<b>VENDOR INFORMATION      NEW ____ or Update Information ____</b>																	
1a. Legal name of <b>Other Party (OP)</b> as it appears on documentation from IRS, Comptroller, or Secretary of State. This is the name that will appear on the contract document either as "Contractor" or by name. If using an assumed name, please attach documentation from the Office of the Secretary of State or County Attorney.																	
1b. <b>OP Address</b> (Include Street and Mailing Addresses, City, County, State and 9-digit Zip Code):																	
1c. <b>PAYEE Name and Mailing Address and 9-digit Zip Code</b> (as it should appear on financial instruments and remittances):																	
1d. Federal Employer Identification No. [FEIN] (9 digit), name and Social Security Number (SSN), if individual, or State of Texas Comptroller Vendor Identification No. (14 digit). <b>NOTE: Use of SSN may result in it becoming part of documents subject to the Public Information Act. DSHS will not redact SSNs when releasing information to the public.</b>																	
1e. <b>Mail code</b> , if known (3 digits):																	
2. TYPE OF ENTITY (enter an appropriate letter in the box): <input type="checkbox"/> Is your entity certified as a HUB? <input type="checkbox"/> Yes <input type="checkbox"/> No																	
<table style="width:100%; border:none;"> <tr> <td style="width:25%;">A. City or County (Governmental Entity)</td> <td style="width:25%;">E. Texas Non-profit Corporation *</td> <td style="width:25%;">I. Sole Proprietor</td> <td style="width:25%;">M. Out-of-State Corp</td> </tr> <tr> <td>B. State Agency</td> <td>F. Texas for Profit Corporation*</td> <td>J. Individual</td> <td>N. Other ***</td> </tr> <tr> <td>C. State Institution of Higher Learning</td> <td>G. Professional Association*</td> <td>K. Partnership**</td> <td></td> </tr> <tr> <td>D. Other Political Subdivision</td> <td>H. Regular Association</td> <td>L. Limited Partnership**</td> <td></td> </tr> </table>		A. City or County (Governmental Entity)	E. Texas Non-profit Corporation *	I. Sole Proprietor	M. Out-of-State Corp	B. State Agency	F. Texas for Profit Corporation*	J. Individual	N. Other ***	C. State Institution of Higher Learning	G. Professional Association*	K. Partnership**		D. Other Political Subdivision	H. Regular Association	L. Limited Partnership**	
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*Please provide a 10-digit charter or file number assigned by the Secretary of State: _____																	
** Please provide the name and SSN or FEIN of each partner _____																	
***If "Other," specify. _____																	
3a. Legal name of person or entity authorized to contract with Department of State Health Services.																	
3b. Typed <b>Name &amp; Title of Person Authorized to Sign Contracts:</b>	3b. Telephone																
3c. Typed <b>Name &amp; Title</b> of Contact Person (Contract Documents and Correspondence)	3c. Telephone																
3d. Contact Person's E-mail Address																	
4a. Signature of person <i>Authorized to Sign Contracts:</i>	4b. Date																