



Customer Onboarding Form

Device and Instrument Repair · Version 4 · October 2026

Click into any box and type, or print and complete by hand. An account cannot be created in JD Edwards without the legal entity name, EIN, GPO identifier and contract, so an incomplete form will be returned rather than set up.

1. Customer Identity

LEGAL ENTITY NAME (exactly as it appears on your W-9 taxpayer identification form)

DBA / FACILITY NAME

PARENT HEALTH SYSTEM / IDN

DIVISION / REGION

COID / FACILITY NUMBER

EIN (FEDERAL TAX ID)

WEBSITE

HIN

NPI

SITE TYPE

☐ Acute Hospital

☐ ASC

☐ Physician Office

☐ Warehouse / Supply Chain

☐ Centralized Distribution

☐ Other

2. GPO, Aggregation Group and Contract

This section sets pricing and the administrative fee. It cannot be left blank, including for facilities that buy off contract.

GPO AFFILIATION

☐ Vizient

☐ HealthTrust

☐ Premier

☐ Other

☐ None

GPO MEMBERSHIP ID (GPOID)

GLN FOR THIS SHIP-TO

AGGREGATION / REGIONAL PURCHASING GROUP

☐ None

☐ Captis

☐ Excelerate

☐ Ascend

☐ Acurity

☐ Allspire

☐ Yankee Alliance

☐ The Resource Group

☐ Advocate SCA

☐ Healthcare Purchasing Alliance

☐ Other

AGGREGATION GROUP MEMBER ID

IF OTHER, NAME THE GROUP

ENCORE CONTRACT THIS FACILITY BUYS UNDER

☐ HPG-115259 (endoscope repair)

☐ HPG-152026 (instrument repair)

☐ Both

☐ Purchaser-Specific Agreement

☐ Local / custom contract

☐ Direct, no contract

PRICING TIER

☐ Tier 1 under \$250,000

☐ Tier 2 \$250,000 - \$500,000

☐ Tier 3 over \$500,000

☐ Not applicable

LOCAL / CUSTOM CONTRACT NUMBER

EFFECTIVE DATE

EXPIRATION DATE

If a Purchaser-Specific Agreement or local contract is in place, attach a copy with this form.

3. Addresses

SOLD-TO — FACILITY NAME		STREET ADDRESS	
CITY	STATE	ZIP	
BILL-TO — FACILITY NAME		STREET ADDRESS	
CITY	STATE	ZIP	
SHIP-TO — FACILITY NAME		STREET ADDRESS	
CITY	STATE	ZIP	
SHIP-TO GLN	RECEIVING / DOCK HOURS	DELIVERY RESTRICTIONS	

4. Financial and Billing

ACCOUNTS PAYABLE CONTACT		PHONE	EMAIL
INVOICE DELIVERY METHOD ☐ Email ☐ EDI 810 ☐ Supplier Portal			
PORTAL NAME (GHX, Coupa, Ariba, Jaggaer)		SUPPLIER / VENDOR ID	
INVOICE EMAIL, IF DIFFERENT FROM AP EMAIL			
PURCHASE ORDER REQUIRED ON EVERY ORDER ☐ Yes ☐ No			
BLANKET PO NUMBER		PO EXPIRATION	PO DOLLAR LIMIT
PAYMENT TERMS	REQUESTED CREDIT LIMIT	FEDEX ACCOUNT NUMBER	ALTERNATE CARRIER ACCOUNT
TAX EXEMPT ☐ Yes (attach certificate) ☐ No		EXEMPTION STATE(S)	CERTIFICATE EXPIRATION

5. Contacts

ROLE	NAME	EMAIL	PHONE
Biomed / Clinical Engineering			
Director of Sterile Processing			
OR Manager			
Supply Chain / Value Analysis			
Contract or GPO Liaison			
Centralized Purchasing			
Receiving / Dock Contact			

6. Authorization

FORM COMPLETED BY	TITLE
PHONE	EMAIL
SIGNATURE	DATE
ENCORE REP NAME	ENCORE REP EMAIL
DISTRIBUTOR	
ATTACHMENTS INCLUDED	
☐ Tax exemption certificate ☐ GPO membership or eligibility confirmation	
☐ Purchaser-Specific or local agreement ☐ Completed W-9 request / vendor setup packet	

Internal Use Only — Not Sent to the Customer

JDE ADDRESS NUMBER	SEARCH TYPE	BUSINESS UNIT	DUPLICATE CHECK BY
CATEGORY CODE 02	CATEGORY CODE 03	PRICE FILE APPLIED	FEE RATE CONFIRMED
DATE ENTERED / BY		FIRST ORDER FLOWED END TO END (date)	

Gate: the account is not live until the JDE record exists, the price file is attached, the GPO identifier is loaded and a first order has flowed end to end.