



Vendor Master Maintenance Form

This form is used to obtain information required for new vendor set-up or updates to existing vendors. This form and the IRS Form W-9 are required prior to vendor set-up.

Questions: Call Accounts Payable at (314)-505-6999, or email at APVENDORFORMS@CENTENE.COM

New Vendor Update Vendor

Vendor ID (if assigned)

Date

Vendor Name

Taxpayer Identification Number (TIN) or Social Security Number (SSN)

Vendor Classification (Select below or enter in other section)

Other

- | | | | | | | |
|-----------------------------------|-------------------------------------|---|---|--|--|----------------------------------|
| <input type="checkbox"/> Attorney | <input type="checkbox"/> Charity | <input type="checkbox"/> Government | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Meals & Entertainment | <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Telecom |
| <input type="checkbox"/> Banking | <input type="checkbox"/> Facilities | <input type="checkbox"/> Hospital/ Provider | <input type="checkbox"/> Insurance | <input type="checkbox"/> Personnel | <input type="checkbox"/> Professional Services | <input type="checkbox"/> Travel |

Remit To Contact Information

Name

Address

City

State

Contact Name

ZIP

Contact Title

Email

Phone

Fax

Payment Method (ACH preferred)

ACH Check

For ACH payments, please complete the ACH Vendor Payment Authorization Form and submit to APVENDORFORMS@CENTENE.COM. If you would like information on the American Express BIP Program please contact APVENDORFORMS@CENTENE.COM.

Withholding Contact Information

1099 info same as Remit To info above

Name (as shown on IRS tax return)

Address

City

State

Contact Name

ZIP

Contact Title

Email

Phone

Fax

Contact Information to Receive Purchase Orders

Name

Address

City

State

Contact Name

ZIP

Contact Title

Email

Phone

Fax

PO Dispatch Email (required)

Additional Information

- | | | |
|--|--|--|
| <input type="checkbox"/> Emerging Small Business | <input type="checkbox"/> Women-Owned Business | <input type="checkbox"/> Minority-Owned Business |
| <input type="checkbox"/> Veteran-Owned Business | <input type="checkbox"/> Disabled-Owned Business | |

Centene Contact (required)

Name

Department

Email

Is this vendor a related party to Centene Corporation or its subsidiaries?

Yes No

Procurement Only Section

EMAIL TO APVENDORFORMS@CENTENE.COM OR FAX COPY TO 314-558-2430