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 ID (if assigned) | **Date**

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

Vendor Classificaiton (Select below or enter in other section) | Other

☐ Attorney ☐ Charity ☐ Government ☐ Information Technology ☐ Meals & Entertainment ☐ Pharmacy ☐ Telecom

☐ Banking ☐ Facilities ☐ Hospital/ Provider ☐ Insurance ☐ Personnel ☐ Professional Services ☐ 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 Suntrust Purchasing Card Platform 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

☐ Emerging Small Business ☐ Women-Owned Business ☐ Minority-Owned Business

☐ Veteran-Owned Business ☐ 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