



It is a requirement of Blue Cross and Blue Shield of Louisiana that all of our vendors are set up in our system. Please provide the following information:

**1. Vendor Nationality (check only one)**

**Domestic vendor (U.S.A. company or national)**  - provide W-9 Form

**Foreign vendor (foreign company or national)**  - provide original W-8 Form

**2. Contact Name** \_\_\_\_\_ **Phone#** \_\_\_\_\_

**Fax #** \_\_\_\_\_ **Email Address** \_\_\_\_\_

**3. Description of Products and/or Services (provide NAICS Code from the following Web-site  
<http://www.naics.com/search.htm>)**


**4. Diversity Information (for Domestic Vendor Only)**

Please mark all of the following classifications below that apply to your business

Small Business

Large Business

Minority-Owned Business

Women-Owned Business

HUB Zone

Disabled Veteran-Owned Business

Veteran-Owned Small Business

**If Minority Owned Business, please indicate dominant ethnic classification:**

African-American  Hispanic-American  Native-American  Asian/Pacific-American

Other

**5. Representative at Blue Cross and Blue Shield of Louisiana that you have been working with  
(Provide Name, Phone)**

Name: _____	Phone: _____
-------------	--------------

Corporate Supply Management will notify your contact person when you have been activated as a vendor in our ERP system.

**6. Code of Business Conduct (CBC):** Read the information at <http://www.bcbsla.com/web/pdf/cobc.pdf>

**Please FAX, duly signed, the acknowledgement form (page 27 in the CBC) to Vendor Management, Corporate Supply Management at (225) 297-2651, together with this setup form.**

**Direct all questions to Corporate Supply Management at [Vendor.Certification@bcbsla.com](mailto:Vendor.Certification@bcbsla.com)**