



Vendor Information Form

New Set Up _____

Change Request _____

ZOLL STATEMENT ON PURCHASE ORDER USE

ZOLL requires a purchase order to be able to process vendor payments. Work for or on behalf of ZOLL should not be initiated without first obtaining a valid purchase order. Purchase order numbers should be referenced and displayed on all invoices in order to facilitate payment. Failure to obtain a valid purchase order may cause significant delays in payment and potentially disqualify you as a supplier.

Code of Conduct: ZOLL considers its suppliers, distributors and consultants to be an integral part of our company and as such we expect them to adhere to the principles of ZOLL's Code of Conduct in the course of their work on behalf of ZOLL. Suppliers, distributors and consultants wishing to transact business with ZOLL must have a good reputation for quality and honesty in the business community.

Vendor Certification: We are aware of California Senate Bill 657, the California Transparency in Supply Chain Act of 2010 (the Act). By evidence of the authorized signature below we hereby certify that we are in compliance with the Act and we certify that we will comply with the laws regarding slavery and human trafficking of the country or countries in which we do business. / This is not applicable to our organization: ____ (mark with "X")

I. VENDOR/PAYEE NAME

Vendor Name: _____

Date: _____

Individual _____

Partnership _____

Corporation _____

Payment Terms: _____

ZOLL Contact: _____

II.

MAILING ADDRESS INFORMATION

Street or PO Box: _____

City: _____

Province/State: _____

Mail Code: _____

Country: _____

REMIT TO ADDRESS (if different from mailing address)

Street or PO Box: _____

City: _____

Province/State: _____

Mail Code: _____

Country: _____

III.

CONTACT INFORMATION

Contact Name: _____

Phone: _____

Email: _____

Fax: _____

Please indicate if you are or are not a relative of a current or former employee of ZOLL: Y ____ N ____
If Yes, Please Provide Details: _____

IV.

SUPPLIER WILL PROVIDE:

____ Engineering Material

____ Production Services

____ Other: (explain) _____

____ Production Material

____ Calibration Services

V.

BUSINESS CLASSIFICATION

Please check all applicable:

____ Small Business Concern*

____ Foreign - Owned (outside USA)

If minority owned please check one.

____ Woman Owned

____ Foreign Government Entity*

____ African American

____ HubZone Small Business Concern*

____ Non-Profit

____ Asian Pacific American

____ Hispanic American

____ Native American

____ Other _____

____ Veteran Owned - Service Disabled?* Yes ____ No ____

*Foreign (outside USA) government agency, department or office - or any individual who is an employee or agent of a foreign government agency, department or office

** As defined by Small Business Administration (see www.sba.gov for details)

VI.

HEALTHCARE DISCLOSURES

(related to state Code of Ethics and Healthcare Marketing statutes)

1) Are you a Health Practitioner or Healthcare Facility? ____ Yes ____ No

2) Are you a Licensed Health Practitioner? ____ Yes ____ No

3) If you answered Yes on Question 2 please provide State and License Number. (required for some state reporting)

State _____

NPI/ License Number _____

SIGNATURE INFORMATION

I certify that, to the best of my knowledge, that the information provided on this vendor information form sections, (I), (II), (III), (IV), (V) and (VI), is true and correct and that I agree to ZOLL's Statement regarding purchase order use.

Authorized Vendor Signature: _____

Date: _____

Printed Name and Title _____

THIS SECTION COMPLETED BY ZOLL

Approved by: _____ Date Entered: _____

System Assigned Vendor Code: If section III indicates a relationship to a current or former employee of ZOLL, Authorized Signature Required: _____

If this request is for a Change, Complete the ZOLL Internal Vendor Change Form

Prepared By: _____ Approved By: _____