

A completed **W-9 OR W8BEN** (International Vendor) and a **voided check copy** is required in addition to this form.

Submit Invoices to: affiliate.billing@allonehealth.com or through **PROVIDERfiles**

Information below is required for both US and International affiliates

Affiliate Legal Name:	Contact Name:
DBA (if applicable):	Contact Phone #:
FEIN or SSN:	Contact Email:
Business Address:	Billing Contact:
Business City:	Billing Phone #:
Business State:	Billing Email:
Business Zip Code:	Remittance Email:
Currency:	Payment Preference(Check or ACH):
Payment Terms:	*If ACH please complete banking information below.
*Net 45 is default. All other terms require Finance approval.	

Bank Information: Domestic US Banks Payment by ACH

Account Name:	ACH Routing Number:
Bank Name:	ACH Account Number:
Bank Address:	
Bank City, State, Zip:	

International Bank: Payment by Wire

Account Name:	WIRE Account Number:
Bank Name:	BIC/Swift/Sort Code:
Bank Address:	IBAN Number:
Bank City, State, Zip:	Five digit branch transit number (Canada Only):
Country:	Three digit institution code (Canada Only):

Official Use Only: Do not write below this line

Onboarding form:	Legal entity type:
W-8 completed:	1099 required:
W-9 completed:	
Requestor name:	

