



# VA-FSC VENDOR FILE REQUEST FORM

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|---|---|---|
| <input checked="" type="checkbox"/> NEW   | <input type="checkbox"/> UPDATE   | DATE (MM-DD-YYYY)   |
| <b>VA FACILITY INFORMATION</b>  |   | <b>PAYEE/VENDOR INFORMATION</b>   |
| STATION NUMBER<br>629   | <input type="checkbox"/> NCA <input checked="" type="checkbox"/> VHA <input type="checkbox"/> VBA | <input checked="" type="checkbox"/> COMMERCIAL VENDOR REGISTERED IN SAM.GOV<br><i>(Required IAW FAR 4.1102)</i>               |
| STATION CONTACT<br>Keith Taranto  |   | UNIQUE ENTITY IDENTIFIER (UEI)<br>P U K Z N J B 5 P Y 9 6   |
| STATION PHONE NUMBER<br>504-507-7025  | STATION FAX NUMBER<br>504-507-7087  | EFT IDENTIFIER  |
| STATION EMAIL ADDRESS<br>Keith.taranto@va.gov   |   | SSN/TIN<br>4 6 3 0 4 8 6 8 8  |
| PAYEE/VENDOR TYPE (Select one)  |   | NPI<br>1 5 9 8 3 8 2 9 5 4  |
| <input type="checkbox"/> C - COMMERCIAL/ALAC  | <input type="checkbox"/> F - FEDERAL AGENCY<br>FACTS ID   | <input type="checkbox"/> SMALL BUSINESS - PAYEE/VENDOR MUST BE QUALIFIED AS SMALL BUSINESS IN SAM OR FURNISH SBA CONFIRMATION |
| <input type="checkbox"/> E - EMPLOYEE   | <input type="checkbox"/> O - FOREIGN  | PAYEE/VENDOR NAME<br>Cala Health, inc.  |
| <input type="checkbox"/> I - INDIVIDUAL/HONORARIUM  | <input type="checkbox"/> A - AGENT CASHIER  | DBA   |
| <input type="checkbox"/> V - VETERAN  | <input type="checkbox"/> U - UTILITY  | AUTHORIZED REPRESENTATIVE NAME<br>Jon Gross   |
| <input type="checkbox"/> CAREGIVER  | <input type="checkbox"/> MEDICAL PROVIDER   | EMAIL ADDRESS<br>jon@calahealth.com   |
| MISCELLANEOUS ACTIONS (Select one)  |   | PHONE NUMBER<br>650-689-1035  |
| <input type="checkbox"/> WINRS  | <input type="checkbox"/> ASSIGNMENT OF CLAIMS<br><i>(All applicable documents)</i>                | CURRENT ADDRESS (Include Street, City, State and Zip Code)<br>1800 Gateway Drive, Suite 120<br>San Mateo CA 94404             |
| <input type="checkbox"/> BILL OF COLLECTIONS  | <input type="checkbox"/> SETTLEMENT/TORTS   | PREVIOUS ADDRESS (Include Street, City, State and Zip Code)<br>570 Mahler Drive<br>Burlingame CA 94404                        |
| <input type="checkbox"/> LGY ACCOUNT #  |   | EFT/IACH (Required IAW 31 CFR Part 208)   |
| <b>FOR QUESTIONS REGARDING THIS FORM:<br/>NVF CONTACT INFORMATION:</b><br><br>VA-FSC CUSTOMER ENGAGEMENT:<br><br>PHONE: 512-460-5380<br>EMAIL: VAFSCCSHD@VA.GOV<br><br>FOR ALL OTHER INQUIRIES:<br><br>CUSTOMER CARE CENTER: 1-877-353-9791<br>STATION CARE CENTER: 1-866-372-1141<br><br>SUBMIT ALL DOCUMENTATION VIA:<br>SECURE FAX: 512-460-5221 |   | BANK NAME<br>SILICON VALLEY BANK  |
|   |   | BANK ADDRESS (Include City, State and Zip Code)<br>3003 TASMAN DRIVE<br>SANTA CLARA CA 95054                                  |
|   |   | NINE-DIGIT BANK ROUTING NUMBER<br>1 2 1 1 4 0 3 9 9   |
|   |   | ACCOUNT NUMBER<br>3 3 0 3 2 6 8 2 7 9   |
|   |   | ACCOUNT TYPE<br><input checked="" type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS                                 |
|   |   | NAME AND TITLE OF AUTHORIZED REPRESENTATIVE<br>Jonathan Gross, Director of Sales Support                                      |
|   |   | SIGNATURE OF AUTHORIZED REPRESENTATIVE<br>  |

NORMAL PROCESSING TIME IS 3 - 5 BUSINESS DAYS. WE DO NOT ACCEPT WEEKENDS

## VENDOR INFORMATION

|   |                    |  |
|---|--------------------|--|
| <b>1. REQUESTOR:</b>  | <b>2. SERVICE:</b> | <b>3. EXTENSION:</b>   |
| <b>4. VENDOR NAME:</b><br>Doing Business As/Legal Name: Cala Health, Inc.   |                    | <b>5. VENDOR ADDRESS</b><br>Physical Location: 1800 Gateway Dr #300<br>Mailing Address: 1800 Gateway Dr #300<br>City: San Mateo<br>State/Zip: CA/94404 |
| <b>6. VENDOR TAX IDENTIFICATION NO. or SOCIAL SECURITY NUMBER:</b><br><b>(Mandatory field must enter one or the other)</b><br>TIN: 463048688<br>SSN:  |                    | <b>7. VENDOR PHONE &amp; FAX NUMBER:</b><br>Phone: (650) 509-5706 –OR– 888-699-1009<br>Fax: (833) 230-9251<br>Email: jon@calaheath.com                 |
| <b>8. PAYMENT STREET ADDRESS:</b><br>Address: 1800 Gateway Dr #300<br>City: San Mateo<br>State/Zip: CA/94404  |                    |  |
| <b>9. POINT OF CONTACT:</b> Jonathan Gross Jon@CalaHealth.com   |                    |  |
| <b>10. ACCOUNT NUMBER:</b> 3301177860<br>Routing 121114039<br>Silicon Valley Bank, 300 Tasman Drive, Santa Clara, CA 95054  |                    |  |
| <b>11. Does Vendor have an existing contract?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>If answer is YES, please enter Contract Number: _____<br><b>(i.e. GS-, V797 or any other contract with payment terms N/30 and expiration date)</b><br>Beginning Date: _____ Expiration Date: _____<br>FOB: <input type="checkbox"/> Destination <input type="checkbox"/> Origin<br>Prompt Payment Discount: _____ <b>(i.e. 2%/10; 1%/20 or N/30)</b>   |                    |  |
| <b>12. 1099 Vendor Indicator:</b> <input checked="" type="checkbox"/> YES <b>(Always YES except if FEDERAL Government)</b> <input type="checkbox"/> NO  |                    |  |
| <b>13. Business Type (FPDS) (Must check one):</b> <input checked="" type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Outside VA <input type="checkbox"/> Other Entities  |                    |  |
| <b>14. Socioeconomic Group: (Please check <u>all</u> that apply)</b><br><input type="checkbox"/> Sm Disadvantage Bus <input type="checkbox"/> Javits-Wagner-O'Day <input type="checkbox"/> Hubzone Small Business<br><input type="checkbox"/> Veteran-Owned Small Bus <input type="checkbox"/> Woman-Owned Small Business <input type="checkbox"/> Historically Black College & Univ./Min Institute<br><input type="checkbox"/> Veteran-Owned Large Bus <input type="checkbox"/> Woman-Owned Large Business <input checked="" type="checkbox"/> None of the other business<br><input type="checkbox"/> Veteran-Service Disabled |                    |  |
| <b>15. Purchase Card Accepted</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO   |                    |  |
| <b>16. DUN and BRADSTREET NUMBER:</b> <u>078877556</u><br><b>(Mandatory-if vendor does not have one they need to go to <a href="http://www.dnb.com">http://www.dnb.com</a> to register.</b>   |                    |  |
| <b>17. Is Vendor registered with System for Award Management (SAM)?</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO<br><b>(Mandatory-if vendor is not registered they can accomplish the task at: <a href="http://www.sam.gov/">http://www.sam.gov/</a> to register.</b>  |                    |  |
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