

How to Register & Complete your Supplier Profile

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Step 1: Create a Supplier Account

Sten	De	scription	
1		Click on the Access the Account Creation Form link within the amail you received fr	om
1	-	AHA Supplier Portal@boart org inviting you register in the Supplier Portal	SIII
		The American Heart Acceptation requests that you register in our Supplier Portal	
		The American Heart Association requests that you register in our supplier Portal.	
		You must register in order to do business with the AHA, receive payment, and bid on new business	
		opportunities. The registration process consists of 4 simple steps:	
		1. Create an Account	
		2. Activate your Account	
		3. Complete your Supplier Profile (Note: Required to Receive Payment)	
		4. Save your completed Supplier Profile	
		Please immediately complete all registration steps.	
		INOTOLIO	
		INSTRUCTIONS:	
		STEP 1 Access the Account Creation Form o Complete & Submit the following details:	
		o complete a outshirt the following detailor.	
2	•	A web page should open with an on-screen message, similar to the one below, giving	na uou two
		options to register into the Supplier Portal:	3 3
		- Register Now: Click on this button if this is the first time you or your organizatio	n is
		registering on the SMART by GEP platform	_
		- I have a SMART by GEP Account: Click on this button if you or your organization	n is
		already registered on the SMART by GEP platform for another customer and yo	u want to
		use your existing account credentials	
		Hi Gary Jones ,	
		You have been invited by American Heart Association to be a supplier and represent Technology Pa	rtners LLC
		Tou nave been invited by American near Association to be a supplier and represent rectinology ra	
		Register Now Libave a SMART by GEP account	
		Thanks,	
		SMART by GEP Team	
3	•	A registration form will display with 4 sections to complete	
5		The 1st section is Account Credentials where you will need to complete the followin	a.
	-	- Username: Enter a Username you would like to use as your Login Credential	y.
		 Deschame. Enter a Descword for you would like to use for your credential 	
		- Confirm Dassword: Pe-enter the Dassword entered above	
		Username * ()	
		User Email * ahageptest+garyjones@gmail.cor	
		Password* Password strength: To	o short 👔
		Confirm Password* ()	
		Mobile Number Select ISD Code -	
	1		

Step	De	scription
4	•	The 2nd section is Company Information where you will need to complete the following:
		 Legal Company Name: Enter the Legal Name of your organization
		- Invoice Payment Name: Enter the name of your organization that is displayed/printed on
		your organization's Invoices. (e.g.: The name your organization receives payment under)
		- Headquarter: Select the Country where your organization headquarters is located
		- Address Line 1: Enter the Physical Address where your organization is located
		- City: Enter the City where your organization is located
		- State/Province: Select the State/Province where your organization is located
		- Company Identification: Select the appropriate type of US Tax ID (FIN or SSN) or Foreign
		Registration ID your organization is registered under & enter the associated ID number
		Legal Company Name * Technology Partners LLC ()
		Touris Descent Marca &
		Company Website
		Headquarter* Select Country 👻 👔
		Address Line 1 * Suite, Street, Locality
		Address Line 2 Suite, Street, Locality (i)
		City*(i)
		State/Province *
		Zip/Postal Code * (i)
		Company Phone * ()
		Fax (i)
		Business Regions * National Center 🗰 🚯
		Category * Consulting - Informatio
		D-U-N-S Number * 9 Digit D-U-N-S (j)
		Company Identification * Select identification type - Identification Nur +

Step	De	scription							
5	•	• The 3rd section is Primary Contact Information where you will complete the following:							
		- Primary Business Phone Number: The phone number you primarily use, enter numbers							
		only without an	y special characters (ie: das	hes, parenthesis, spaces)					
		- Time Zone: Select the time zone you are located in							
	Primary Contact Information								
			First Namek	Gany	•				
			Filst Name	dary					
			Last Name*	lones					
			Last Name	Jones	_ •				
			Company Email *	abagentest+garviones@gmail.co	r 🛈				
				andgeptest: garyjones@gmail.co					
			Primary Business Phone Number*		() Extension				
			Contact's Business Region		()				
			Contact's Category	Consulting - IT,	()				
			Time Zone	(UTC-06:00) Central Time (US & Cana	ida) 👻 👔				
		- Click on the Sub	mit button when you are re	ady to submit the form					
				Submit					
7	•	An on-screen messo	ge will display instructing y	ou to check your email fo	or a message to				
			1 more step						
			A verification link has been sent to the regist	ered email ID, please use the same to v	erify the account. If already				
			done please ignore.						
		Mr.S.	You have successfully submitted the registra nelpful information to get started.	tion form. If you have any questions, pl	ease Click Here to find				
			Thanks, SMART by GEP Team						

Step 2: Activate your Account

Step	De	scription						
1	•	Go into your email and find a new message from <u>AHA.Supplier.Portal@heart.org</u> with						
		Instructions to activate your account for the Supplier Portal.						
		Dear Gary Jones,						
		Thank you for completing your registration for the American Heart Association's Supplier Portal. Before you can access AHA's Supplier Portal, you need to activate your account by clicking on the link below.						
		Click to Activate Your Account						
		Please note, you must complete this step in order to access our Supplier Portal. This step only needs to be performed once.						
2	•	An on-screen message will display confirming your account activation and instructing you log into the Supplier Portal to complete your Supplier Profile						
	•	Click on the Click Here link to log into the Supplier Portal						
		Action Required!						
		You have successfully activated your account.						
		Action To finish the registration process, you must fill in ALL mandatory information on your supplier profile.						
		Required Click Herei plogin to the GEP SMART system and complete your supplier profile.						
		Please Note: The registration process will NOT be complete until ALL mandatory information is completed on your supplier profile. If you forgot your password, click the 'forgot password' link on the login page to generate a new password.						
	•	Note: You can access the supplier portal at any time by going to <u>https://smart.gep.com</u> .						

Step 3: Complete your Supplier Profile

Login and Access your Supplier Profile

Step	Description						
1	• You will be taken to a login screen where you will enter your Username and Password .						
	Press the LOGIN button						
		SCARE by GEEP Durified Source-to-Pay Software Porgot Username Password Forgot Password?					
2	Once logged in click or	the Supplier Profile icon on the left payingtion bar					
	Create Supplier Profile	PENDING FOLLOW UP Dier Profile Company Name Diogy Partners LLC					
3	 You will be taken to you 	ur company's supplier profile					
	는 💪 TECHNOLOGY PAR	RTNERS LLC (PC-2020.000217) 🏶 :					
	COMPANY NAME & OVERVIEW	COMPANY NAME & OVERVIEW Manage Optional Fields					
	TAX ID & DUNS NUMBER	Supplier's Legal Name* Parent Company's Identi					
	CERTIFICATES (Maintain a W- 9/W-8 Form)	YOUR COMPANY LOGO HERE					
	DIVERSITY STATUS (Maintain a	Supported file formats: png. jpeg.jpg Parent Company Name Doing Business As					
	Status, if Certified as a Diverse Business)	Max file size : 5MB					
	Duancaaj	Resolution : 200 X 200 pixel					

Attach your W-9/W-8 Tax Form

AHA requires you attach a signed (physical or digital) copy of your W-9/W-8 form.

Step	De	escrip	otion
1	•	Scro	oll down to the CERTIFICATES section
	•	Clic	ck on the (+) Add New Certificate button at the right side of the section
		CE	ERTIFICATES (MAINTAIN A W-9/W-8 FORM) 🛆 🕜 🕀 Add New Certificate
2	•	A po Clic Clic	op-up window will appear ck on the W-9/W-8 Form option ck on the DONE button in the bottom right corner of the pop-up window & CHOOSE CERTIFICATE (1)
			W-9/W-8 Form ADD NEW CANCEL DONE
3	•	Sele	ect/Enter the following information:
		-	Certificate Type: Select the type of W-9/W-8 form you plan to upload
		≡g	NEW CERTIFICATE
		D	DETAILS ATTACHMENTS NOTIFICATIONS
		Cer W-	rrtificate Name* Certificate Type* •9/W-8 Form W-9
		С	Certificate Number Issuing Authority
4	•	Clic	ck on the ATTACHMENTS tab at the top of pop-up window
	•	Clic	ck on the Add New Attachments tile in the middle of the section
			Eg NEW CERTIFICATE
			DETAILS ATTACHMENTS NOTIFICATIONS
			Add New Attachments
		l	

Step	De	scription		
5	•	Click on the UP	PLOAD DOCUMENTS link to find the W-9/W-8 Form you would like ad is complete, the document will appear towards the bottom of t	to upload he window
	•	Click on the AD	DD button at the bottom right of the window	
			B ADD DOCUMENTS	
			Drag and drop file here OF UPLOAD DOCUMENTS Supported file formats: .doc,.docx,.jpg.,pdf,.ppt,.pptx,.rtf,.txt,.xls,.xlsx,.xlsxd,.7z,.bmp,.csv,.epub,.gif,.html,.mht ,.jpeg,.msg,.odm,.odt,.oft,.pages,.ott,.png,.pps,.rar,.zip,.sdw,.stw,.sxw,.wpd,.wps,.eml,.i cal,.ics,.mpp,.mpt,.odp,.ods,.tif,.vdx,.vsd,.vst,.vtx,.wtx. Limited to file(s) of 10MB each. Maximum 1 files can be uploaded at a time.	
			W9 Form.pdf	
6	•	Click on the SA	CANCEL ADD	
		Eg NEW CE	ERTIFICATE	
		DETAILS	ATTACHMENTS NOTIFICATIONS	
			lii.	ī ⊕
		Effective fro	om Expires on Files Updated by Updated on	
		08/18/2	2020 9 08/18/2021 9 W9 For	i (+)
			CANCEL	SAVE

Select a Diversity Status

Step	De	scription	
1	•	Scroll to the DIVERSITY S	TATUS section
	•	Click on the (+) Add New	Diversity Status button at the right side of the section
		DIVERSITY STATUS	(MAINTAIN A STATUS) 🛆 🛛 Add New Diversity Status
2	•	A pop-up window will ap	opear
	•	Scroll through the list an	a Click on the classification you are certified under
	•		in the bottom right corner of the pop-up window
		6	B CHOOSE DIVERSITY (12)
			Not a Diverse Rusiness
			A business or individual that does not qualify as a diverse
			business
			A size Associate Owned
			Asian American Owned At least 51% owned by one or more individuals who are Acian
			American (Pacific or Subcontinent)
			Black/African American Owned
			At least 51% owned by one or more individuals who are African American
			Partendari
		(Hispanic/Latino American Owned
			At least 51% owned by one or more individuals who are
			Hispanic or Latin American
			CANCEL
3		The selected status show	Id appear in the DIVERSITY STATUS section
		If you selected a status of	ther than "Not a Diverse Business" Click the tile to add your certificate
			l l l l l l l l l l l l l l l l l l l
			Hispanic/Latino American Ow

Add your Payment Information (Payment Address & Preferred Payment Method)

You must add a 2nd location to your profile containing for your payment information including:

- ✓ Payment Address
- ✓ Preferred Payment Method (Check, ACH or Wire)
- ✓ Bank Account Information if you select ACH or Wire Transfer as your preferred payment method

Step	De	scription
1	Scroll down to the ADDRESS & PAYMENT INFO section	
	•	Click on the (+) Add New Location button at the right side of the section
		> ADDRESS & PAYMENT INFO (2 LOCATIONS REQUIRED: HEADQUARTER & PAYMENT) 🛆 🕘 🕀 Add New Location
2	•	 A screen will open where you will enter/select the following information: Location Name: Enter "Payment Information" Address Line 1: Enter the Street Address that matches the address on your invoice. Country: Select the Country where this address is located State: Select the State/Province where this address is located City: Enter the City where this address is located Zip Code: Enter the Zip Code where this address is located Choose Location Type: Click on "Show Lookup" then select "Payment/Billing Location" ADDRESS DETAILS (NOTE: PRESS 'SAVE' AFTER ENTERING ALL DETAILS)
		Location Name* Address Line 1* Address Line 2
		Country [*] United States ① ✔ State [*] Please Select ① ✔ City [*]
		Zip Code* I Choose Location Type* I Primary Business Phone Extn
		Sec. Business Phone Extn Fax No. PO Box Number
	•	Press the SAVE button at the bottom right of the page. (Note: Do Not press SAVE & CLOSE)
		CANCEL SAVE SAVE & CLOSE
3	•	Scroll down to the PAYMENT METHOD section Click on the (+) Banking Info button at the right side of the section
		> PAYMENT METHOD (MAINTAIN ONE FORM OF PAYMENT)
4	•	A pop-up window will appear Click on the Payment Method field to select your preferred method to receive payment - EFT/ACH: Electronic payment method directly to a US bank account ONLY - Wire Transfer: Electronic payment method to non-US bank account ONLY - Check: AHA will send a physical Check to the Payment Address you previously entered PAYMENT METHOD (Maintain One Form of Payment) Payment Method Please Select

Step	De	scrip	tion						
5	•	Dep	ending on th	e Payment M	ethod selecte	ed, additi	onal in [.]	formation may b	be required
	•	Che	ck: No additi	onal informat	ion needed				
			Payment Method Check	()	•				
		FFT	/ACH·Enter/9	elect the foll	owing bank c	iccount in	format	tion	
		-	Bank Name: I	Enter the nam	ne of the ban	king instit	ution		
		-	Country: Sele	ct the Countr	ry where the	banking i	nstituti	on is located	
		-	Bank Key/AB	A: Enter the 9-	-digit ABA Ro	outing Nu	mber a	ssociated with th	ne bank account
		-	Bank Account	t Number & V	erify Bank Ac	count Nu	mber: I	Enter the bank a	ccount number
			Bank Name*	()	Country* Please Select	t	(j) ~	BankKey / ABA*	()
			Bank Account N	umber* ()	Verify Bank A	ccount Num	ber*		
	•	Wire - -	e Transfer: En Bank Name: I Country: Sele	ter/Select the Enter the name act the Countr	following bc ne of the ban ry where the	ank accou king instit banking i	I nt info ution nstituti	rmation: on is located	
			SWIFT/BIC: Er	nter the Swift	or BIC makin	g Wire Tro	ansfer F	Payments with th	nis bank account
		-	Bank Key/AB	A: Enter the 9-	-digit ABA Ro	uting Nu	mber a	ssociated with th	ie bank account
		-	IBAN: Enter th	18 IBAN assoc	ated for Wire	e Iranster sount Nu	· Payme	ents. Enter a "0" Enter the bank a	If no IBAN exists
		-				COULT NU			count number
			Bank Name*	()	Country* Please Selec	t	() -	Swift/BIC*	()
						-			
			BankKey / ABA*	i (i	IBAN*		(j)	Bank Account Nun	nber* (i)
			Verify Bank Acc	ount Number*					
	•	Clic	k the DONE b	utton at the b	oottom right	of the po	p-up w	indow	
								CANCEL	DONE
6	•	Clic	k on the SAVE	& CLOSE but	tton at the bo	ottom rigł	nt of th	e screen	
		~	PAYMENT METHO	D (MAINTAIN ONE	FORM OF PAYMEN	IT)			
		-					Account		
			Payment Method	Bank Name	Branch	Country	Туре	Account Number	
			EFT/ACH (US	Bank of America	-	United St	-	XXXXX6789	0
								CANCEL	SAVE & CLOSE
1									

Enter a Description of your Organization

Enter a description of your organization including the products/services you offer. This helps AHA identify future business opportunities to potentially extend to you/your organization.

Step	De	scription
1	•	Scroll to the MARKETING INFORMATION section & Click on the title to open the section.
	•	In the DESCRIPTION field, enter a brief description of the products &/or services you provide.
		✓ MARKETING INFORMATION ▲
		*indicates required fields
		Description*

Add Additional Contacts

Please add your Account Receivable contact or Account Representatives who could engage with the AHA.

Step	Description			
1	Scroll down to the CONTACTS section			
	Click on the (+) Add New Contact button at the right side of the section			
	> CONTACTS (MAINTAIN ACCOUNT MANAGERS & ACCOUNTS RECEIVABLE CONTACTS)			
2	 A pop-up will open where you will enter/select the following information: First Name: Enter the contact's First Name Last Name: Enter the contact's Last Name E-mail Address: Enter the contact's Email Designation: Enter the individual's job title (ie: A/R Manager) Default Role: Select the role that most closely aligns with the individuals job function Primary Business Phone: Enter the contact's phone number. Enter numbers only. Send Invitation (Optional): Select this option to invite the contact to register 			
	En Add New Contact			
	First Name* (1) Four must enter a value for the attribute (1) Last Name* (1) E-mail Address* (1)			
	Designation (Optional)			
	Primary Business Phone* Extip Secondary Business Phone (Optional) Extn Fax No.			
	ISD Code (Optional) Please Select Mobile Number (Optional)			
	Send Invitation () CANCEL SAVE			

Step 4: Save your Supplier Profile

Step	De	scription		
1	•	Be sure all	section on your Supplier Profile are no longer highlighted in red.	
			> COMPANY NAME & OVERVIEW	
			> TAX ID & DUNS NUMBER	
			> CERTIFICATES (MAINTAIN A W-9/W-8 FORM) (1 Active)	
			> DIVERSITY STATUS (MAINTAIN A STATUS, IF CERTIFIED AS A DIVERSE BUSINESS)	
			> ADDRESS & PAYMENT INFO (2 LOCATIONS REQUIRED: HEADQUARTER & REMIT-TO)	
			> CONTACTS (2 CONTACTS REQUIRED: ACCOUNT MANAGER & ACCOUNTS RECEIVABLE)	
			> BUSINESS INFORMATION	
			> MARKETING INFORMATION	
2	•	Press the S	AVE button at the bottom right of the screen.	
		> MARKETIN	IG INFORMATION	
			NESS	DSE SAVE
3	•	Wait for yo	our profile status to change from INVITED to REGISTERED.	
		会 TECH	INOLOGY PARTNERS LLC(PC-2020.000217) 番 RED	