



American
Heart
Association.

Job Aid

Registering a New Supplier Profile

Last Updated June 18, 2026

Table of Contents

Before You Begin

Registering for the Supplier Portal.....

Step 1: Invitation from AHA & Accessing the Registration Form

Step 2: Complete and Submit the Registration Form

Company Details Page

Contacts Page

Addresses Page.....

Business Classifications Page.....

Bank Accounts Page

Products and Services Page.....

Questionnaire Page & Submit Form

Step 3: Setup Your Password for our Supplier Portal

3

4

4

5

5

6

7

8

9

10

11

12

Before You Begin

Collect the following information prior to starting your registration:

- **W9/W8 Form:** Please see notes in the section below and ensure that:
 - **Legal Name:** matches Line 1 of the W9 Form and the Legal Name registered with the IRS
 - **Payment Name:** matches Line 2 of the W9 Form and the PAY TO name on the invoice
- **Contacts:** Name, Title and Email Address of relevant contacts who will work with the AHA
- **Addresses:** Principle Address and Payment Address
- **Bank Information:** Bank Name, Routing and Account Number
- **Proof of Bank Ownership:** Supporting document showing your organization owns the bank account. Proof of ownership can include a copy of a voided check or a signed bank verification letter.
- **Small/Diverse Classification:** Determine if your organization is classified as a Small/Diverse business

W-9 Form Requirements:

Please ensure your W-9 Form aligns with the following 6 requirements. Failure to align with these requirements will delay your registration and our ability to pay your organization.

- 1) W-9 form must be on the latest published version from the IRS (Currently 2024 version).

- 2) Legal name on Line 1 of W-9 must match the name registered with the IRS.
- 3) If you receive payment under a name that is different from Line 1, this name must be entered on Line 2 of the W-9 and match the name on your invoice
- 4) Box 3 on the W-9 must be checked

- 5) If "LLC" is selected under Box 3, you must enter a tax classification of C, S or P

- 6) W-9 must be signed and dated.

Use the links below to download a blank form from the IRS' website:

- W-9 (US Company or Individual): <https://www.irs.gov/pub/irs-pdf/fw9.pdf>
- W-8BENE (Non-US Company): <https://www.irs.gov/pub/irs-pdf/fw8bene.pdf>
- W-8BEN (Non-US Individual): <https://www.irs.gov/pub/irs-pdf/fw8ben.pdf>

Registering for the Supplier Portal

Step 1: Invitation from AHA & Accessing the Registration Form

Step Task Instructions

1. Select the link within the email you received from an AHA representative.

Welcome to the **American Heart Association ("AHA")** supplier base!

I'm contacting you because you're a new supplier for the AHA and we need you to register your supplier information so we can pay your organization for the products/services you will provide to the AHA.

The registration process consists of 3 simple steps:

1. Please click on the following link to access the [Supplier Registration Form](#)
2. Complete all sections & required information within the form
3. After we approve your registration, please create a password for our Supplier Portal

Please refer to the instructions below to help you complete your registration.

2. Enter your email address then press **Send Access Code**. You can save your progress on the registration form and return to it later using the same email address entered in this step.

Important: Your registration is linked to this email address and it cannot be changed once you start.

Enter your email

Get a one-time access code to start.

Email

Required

Send Access Code

3. You will receive an email from AHA.Supplier.Portal@heart.org with a one-time access code. **Copy** the code from your email, enter it into the **Access Code** field then press **Continue**

 American Heart Association.

Thank you **1** for beginning your registration on the American Heart Association. Use the following Access Code to open the registration form:

YrnSjAdq

Important: This code is temporary and expires in 15 minutes

Need Help?
Please visit <https://supplierresources.heart.org/> to access guides and join the community.

Enter your code

Use the code we've sent to email greg.setter+supplier0810@heart.org.

The code expires in 15 minutes. **1**

Access Code

Continue **2**

[Get a new code](#)

Step 2: Complete and Submit the Registration Form

Step Task Instructions

1. Company Details Page

Enter the following information then press **Continue**

- 1) **Company:** Legal name of the Supplier. This must match line 1 on the W-9/W-8 form and match the Legal Name registered with the IRS)
- 2) **Country:** Country where your organization is headquartered
(Note: This field must be selected before you can enter tax information)
- 3) **Taxpayer ID:** US Tax ID including EIN or SSN (if you file income tax in the United States)
or
Tax Registration Number: Country registration number (if you do not file income tax in the US)
- 4) **Organization Type:** Legal business structure
- 5) **Supplier Type:** Designation that describes your relationship with the AHA (ex: Supplier, Contractor)
- 6) **Attachment *REQUIRED*:** Signed copy of the Supplier's W-9, W-8BEN-E or W-8BEN form (Note: AHA only accepts the latest version published by the IRS. Use the links on page 3 to access the latest version)

Company Details

1 Company Website Country 2

3 Taxpayer ID Tax Registration Number D-U-N-S Number

4 Organization Type Supplier Type 5

Note to Approver

Use the space below to attach a signed copy of your organization's W-9 (US Companies & Individuals) or W-8 BEN-E (Non-US Companies) or W-8 BEN (Non-US Individuals)

Attach tax, insurance, and other relevant documents Required 6

Drag and Drop
Select or drop files here.

URL Add URL

Cancel Save Continue 7

Step Task Instructions

2. Contacts Page

Enter the following information then press **Continue**

- 1) **First Name & Last Name:** Contact's first and last name
- 2) **Email:** Contact's email address
- 3) **Job Title:** Contact's job title (ie: Area Manager)
- 4) **Administrative Contact:** At least one contact must be marked "Yes"
- 5) **User Account:** At least one contact must be marked "Yes"
- 6) **Job Role:** Role that closely aligns with the contacts job function (ie: Account Representative)
- 7) **Add Another Contact:** click this button at the bottom of the page to add additional contacts

Contacts

Contact 1
Enter contact details. Registration communications will be sent to this contact.

Country

US

Mobile

+1

Country

US

Phone

+1

Ext

Country

US

Fax

+1

Is this an administrative contact?
Administrative contact will receive general communications from us.

☒ Yes
 ☐ No

Does this contact need a user account?
User accounts will provide online access to supplier transactions and self-service tasks.

☒ Yes
 ☐ No

What user roles does this contact need?
Assign at least 1 user role to specify the responsibilities of the contact.

☒ AHA Supplier Portal Job Role

Additional Information

Last updated 1 minute ago

Step Task Instructions

3. Addresses Page

Provide your organization's principle address (Receive Purchase Orders) and payment address (Receive Payments). If these are the same, enter only one address and select the checkboxes for both address types. If these are separate, add multiple addresses and select the checkbox with the appropriate designation for each address. Press **Continue**.

- 1) **Address Name:** Name for the address (ie: Headquarters, Remit to, Main Address)
- 2) **Address Use:** Select each checkbox for the type of address you're entering.
- 3) **Country:** Country where the address is located
- 4) **Address Lines 1, 2, 3:** Street address details
- 5) **Postal Code:** Type your 5-digit postal code, then select the correct city & state combination
City & State: Do not enter values for these fields. Use the Postal Code field to select the city & state
- 6) **Contacts:** Select the contacts who are associated with each address
- 7) **Add Another Address:** Click this button at the bottom of the page to add additional addresses if you have separate address for your principle address and payment address.

Addresses

Enter at least one address.

Address 1

Address Name

Required

Country/Region

United States

Street Address Line 1

Required

Attention To

City

Required

Email

Country

US

Which contacts are associated to this address?

☐

Jill Smith

newsupplier@gmail.com

Senior Manager

+ Add Another Address

What's this address used for? Select at least 1 purpose.

☐ Receive Purchase Orders
 ☐ Receive Payments
 ☐ Bid on RFQs

Street Address Line 2

Street Address Line 3

Postal Code

Required

Postal Code Extension

State

Required

County

Phone

+1

Ext

Country

US

Fax

+1

Last updated 14 minutes ago

Cancel

Save

Continue

Step Task Instructions**4. Business Classifications Page**

Select a small/diverse business classification that aligns with your organization

Select **Continue** to go to the next page

Business Classifications

Enter at least one business classification or select none applicable.

Select a classification or confirm that none are applicable.

Classification

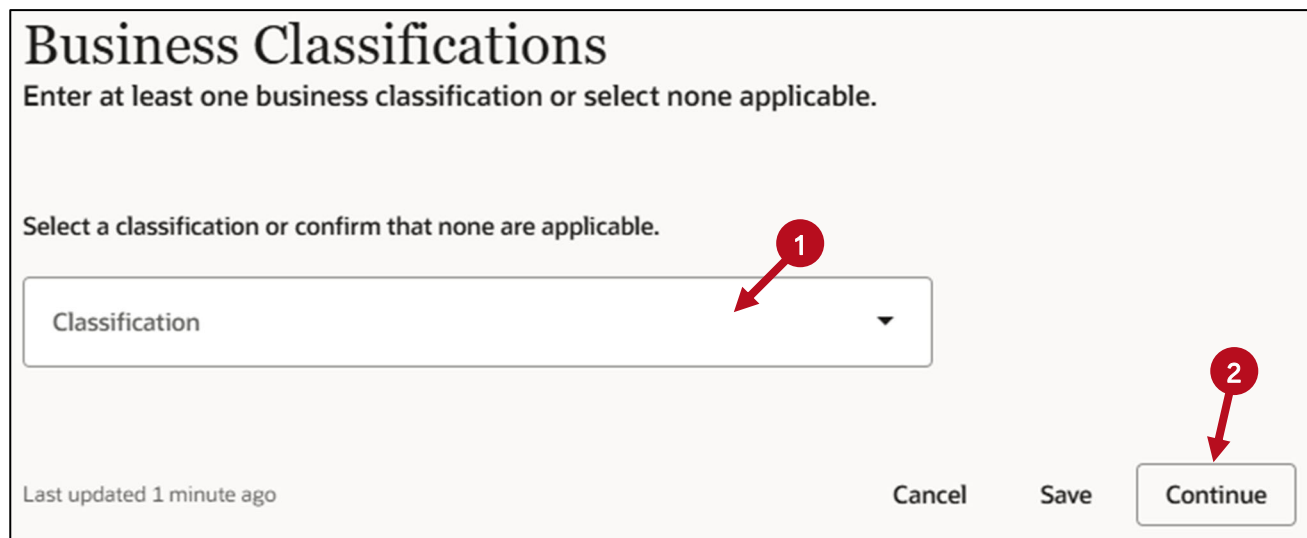
▼

Last updated 1 minute ago

Cancel

Save

Continue

The screenshot shows a web form titled "Business Classifications". Below the title is a prompt: "Enter at least one business classification or select none applicable." followed by "Select a classification or confirm that none are applicable." There is a dropdown menu with the text "Classification" and a downward arrow. A red circle with the number "1" and an arrow points to the dropdown menu. At the bottom right, there are three buttons: "Cancel", "Save", and "Continue". A red circle with the number "2" and an arrow points to the "Continue" button. At the bottom left, it says "Last updated 1 minute ago".

Step Task Instructions

5. Bank Accounts Page

Enter your organization's **bank account** information if you would like to receive **electronic payment** via ACH or Wire Transfer. Leave all fields **blank** if you would like to be paid via **Check**. Press **Continue** to move to the next page.

- 1) **Country:** Select the Country where the banking institution is located
- 2) **Routing Number:** Enter your bank's routing number or name, then select the correct bank & routing number from the drop list. The Bank and Bank Branch will automatically populate.
Bank & Bank Branch: Do not enter values in these fields. Use the Routing Number to select a bank.
- 3) **Account Number:** Enter the bank account number
- 4) **Account Type:** Select the appropriate type of bank account (Checking or Savings)
- 5) **Attachment:** Attach a supporting document showing your organization owns the bank account. Proof of ownership can include a copy of a voided check or a signed bank verification letter.

Bank Accounts

Bank account 1

Country
United States

Routing Number

Bank

Bank Branch

Account Number

Currency

Account Type

Account Holder

Attach supporting documents
Required

Drag and Drop
Select or drop files here.

URL

Add URL

Last updated 54 seconds ago

Cancel

Save

Continue

Copyright © 2026 American Heart Association. All rights reserved.

Page 9 of 13

Step Task Instructions**6. Products and Services Page**

Expand the list of product/service categories then **select the option** that **most closely** aligns with the **products/services** your organization offers. Please select only **one category**, then press **Continue**.

Products and Services

Enter at least one products and services category.

Category	Description
☐ ▼ Select a Category	Expand this list and select a category from below. Please DO NOT select this line.
☐ Artist - Speaker	
☐ Artist - Talent	
☐ Artist - Writer	
☐ Audio/Video Services	
☐ Benefits	
☐ Benefits - Financial Planning	

Last updated 3 minutes ago

Cancel

Save

Continue

Step Task Instructions**7. Questionnaire Page & Submit Form**

Answer all questions, then press the **Submit** button to send your registration form to the AHA. Questions on this page include:

Products and Services: Description of the products/services your organization provides

Payment Name: The name your organization receives payments under. This name should be listed on Line 2 of the W9 Form and match the PAY TO name on the invoice.

Payment Method: Confirm your organization's preferred method to receive payment (based on your entry on the Bank Accounts page)

AHA Region: Select the AHA region/entity that invited you to register (refer to your invitation email)

AHA Inviter: Name or email address of the AHA representative who invited you to register

Questionnaire

Registration: Spend Authorized Information Only

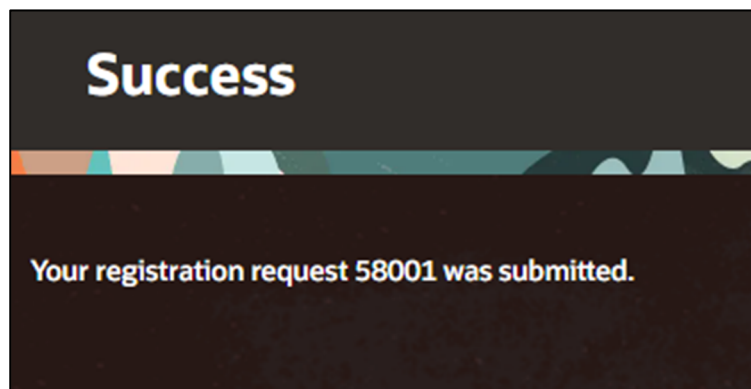
Section 1 of 1

1. Please use the space below to describe the products and services you/your organization offers.
Required

2. Enter the name you/your organization receives payments under. This must match the name that is printed on your invoices.
Required

Updated just now

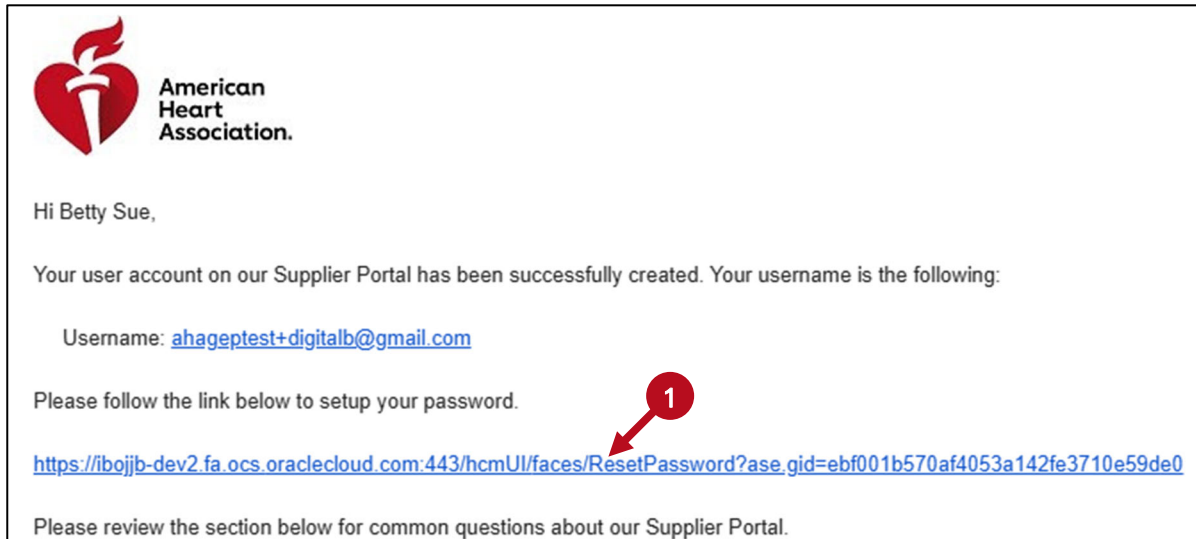
Cancel Save **Submit**

8. A confirmation page will display confirming you have successfully submitted your registration.

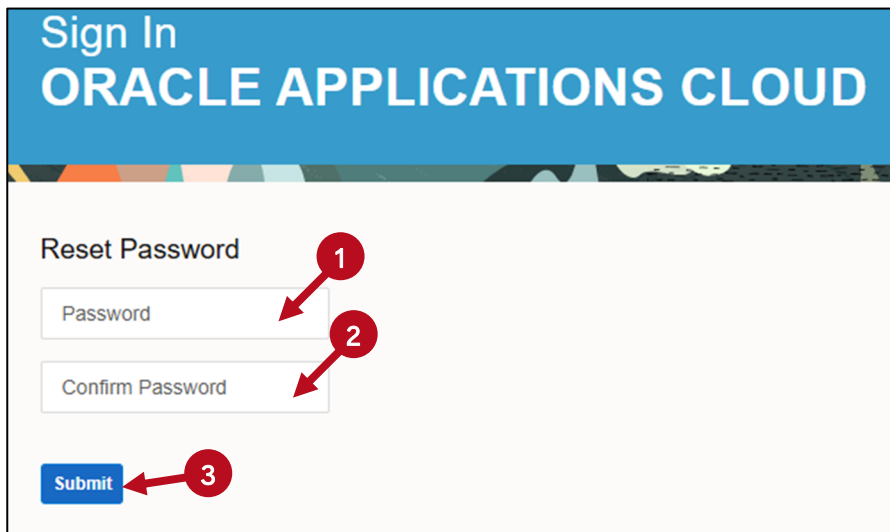
Step 3: Setup Your Password for our Supplier Portal

Step Task Instructions

1. After your registration is approved by the AHA, you will receive an email to setup a password for our Supplier Portal. Your username is the same as your email address. Click on the link to setup a password.



2. Create a password for your user account then press Submit



3. You can access our Supplier Portal at the following link:
<https://aha-ibojib.fa.ocs.oraclecloud.com/>



**American
Heart
Association®**