American Heart Association.

Job Aid

Registering a New Supplier Profile

Last Updated June 18, 2026

American Heart Association.

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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:

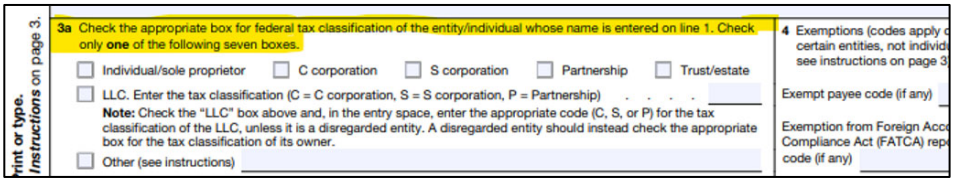
Please ensure your W-9 Form aligns with the following 6 requirements. Failure to align with these requirements will delay your registration and our ability to pay your organization.

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

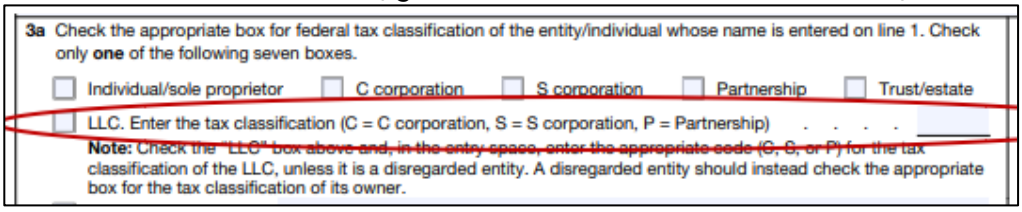
2) Legal name on Line 1 of W-9 must match the name registered with the IRS.

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:

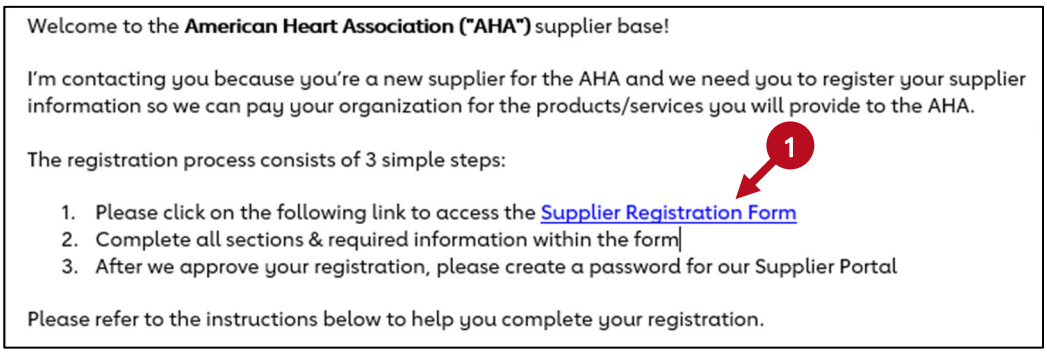
- W-9 (US Company or Individual): https://www.irs.gov/pub/irs-pdf/fw9.pdf
- W-8BENE (Non-US Company): https://www.irs.gov/pub/irs-pdf/fw8bene.pdf
- W-8BEN (Non-US Individual): https://www.irs.gov/pub/irs-pdf/fw8ben.pdf

Registering for the Supplier Portal

Step 1: Invitation from AHA & Accessing the Registration Form

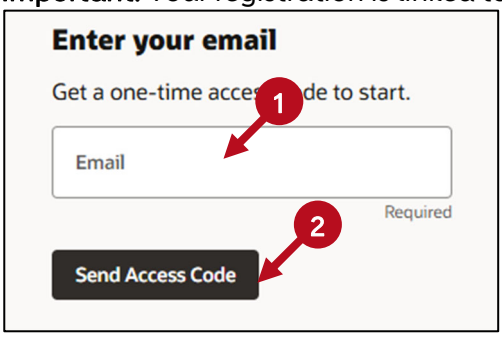
Step	Task Instructions

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

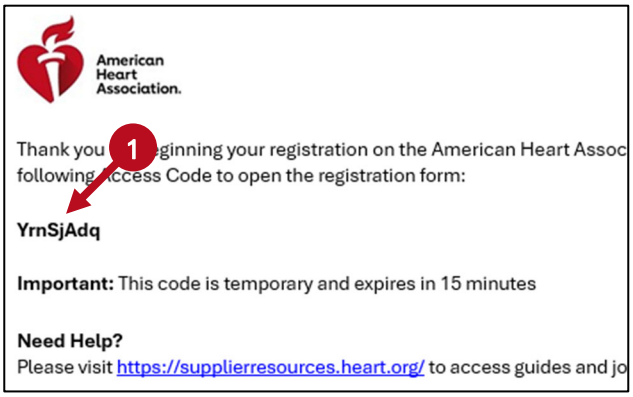


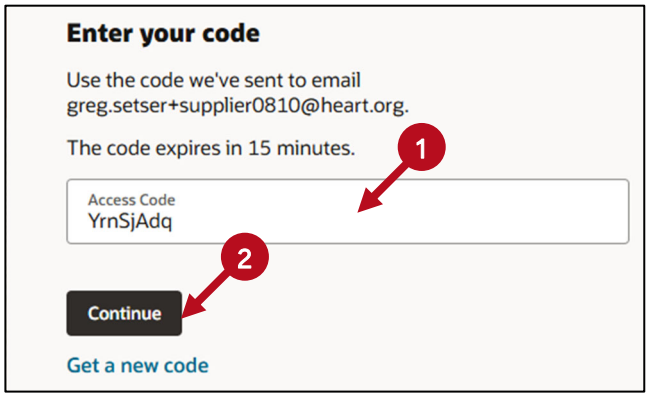
2. Enter your email address then press **Send Access Code.** You can save your progress on the registration form and return to it later using the same email address entered in this step.

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



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**





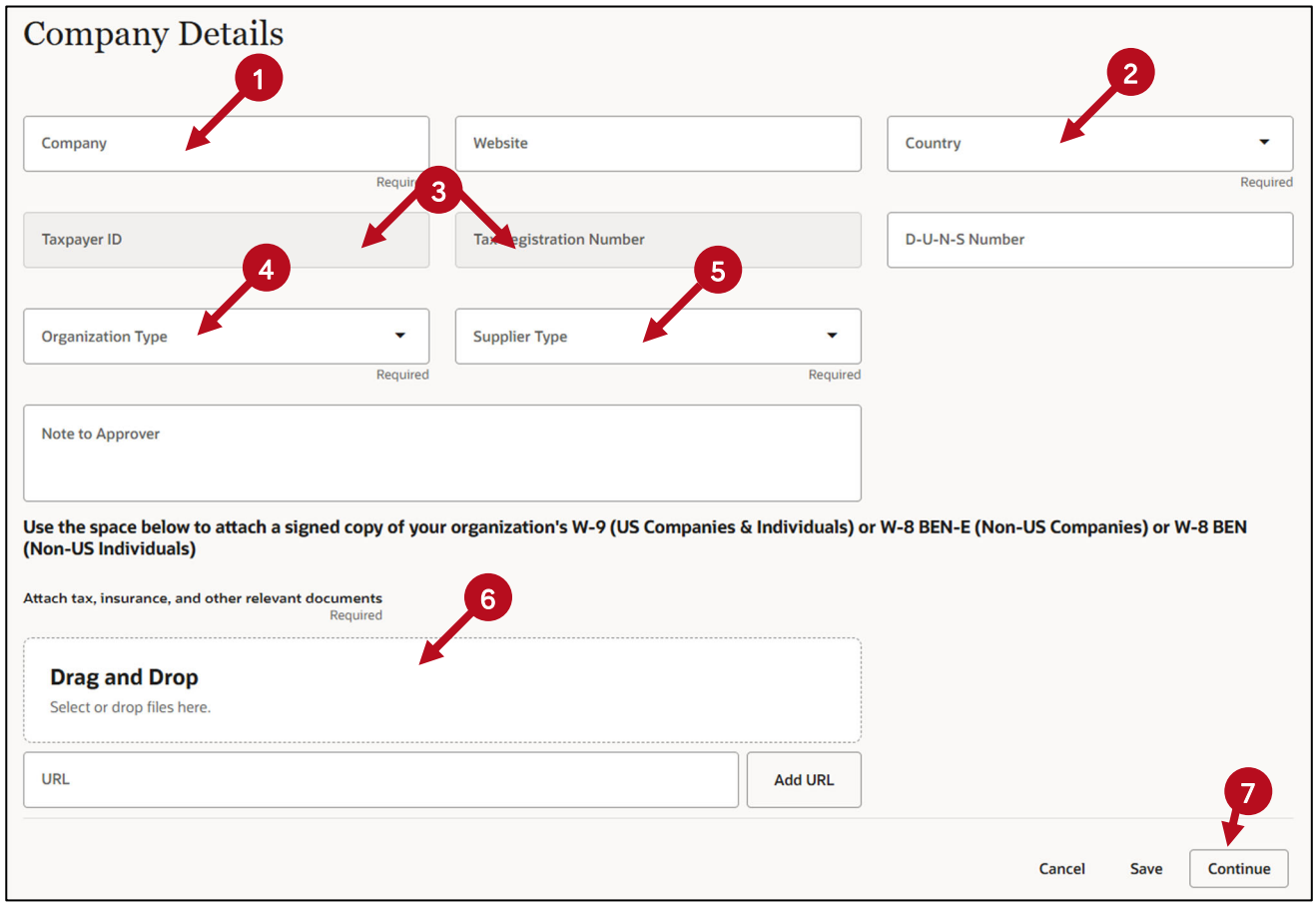
Step 2: Complete and Submit the Registration Form

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)

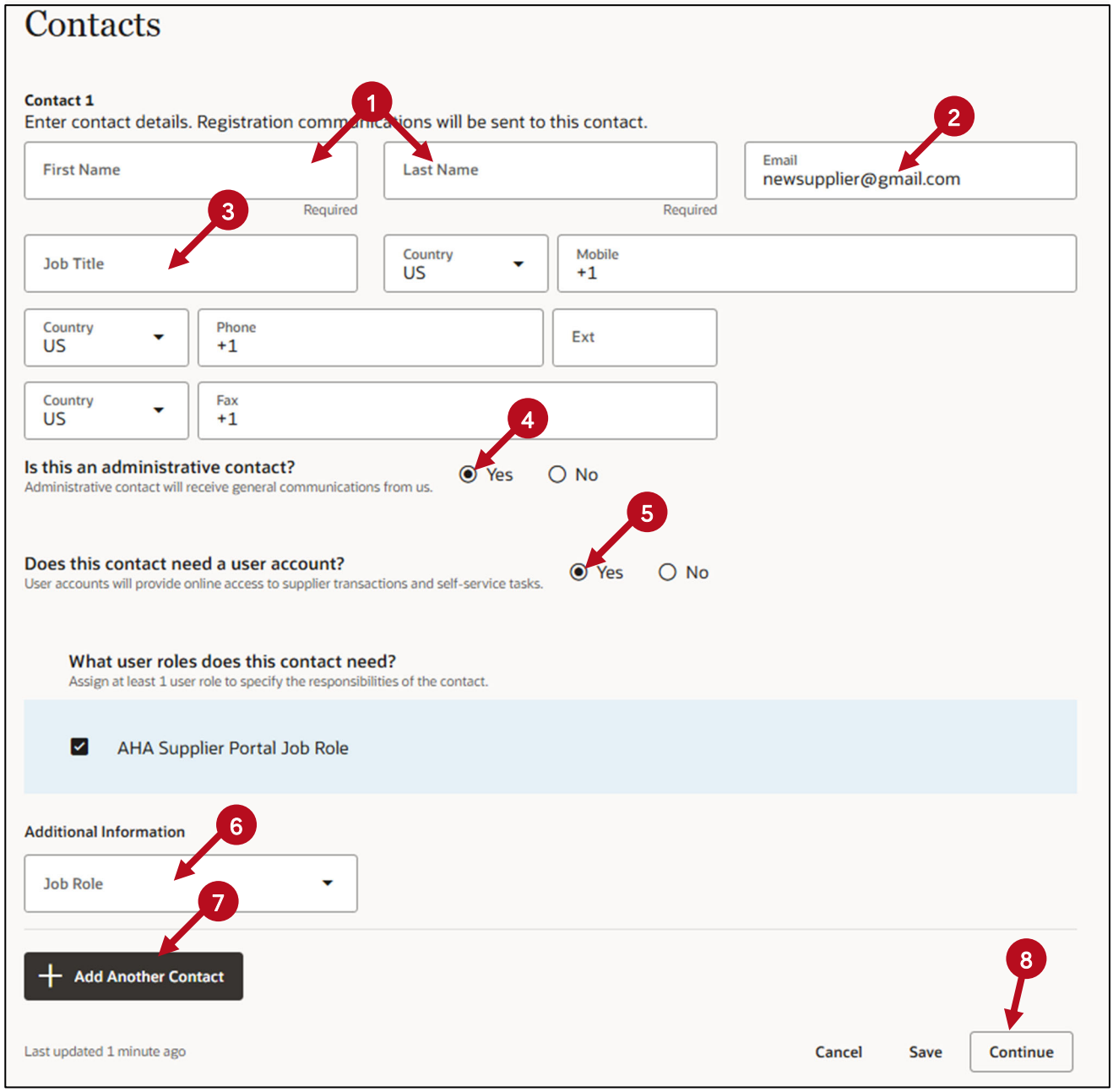


Step	Task Instructions

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

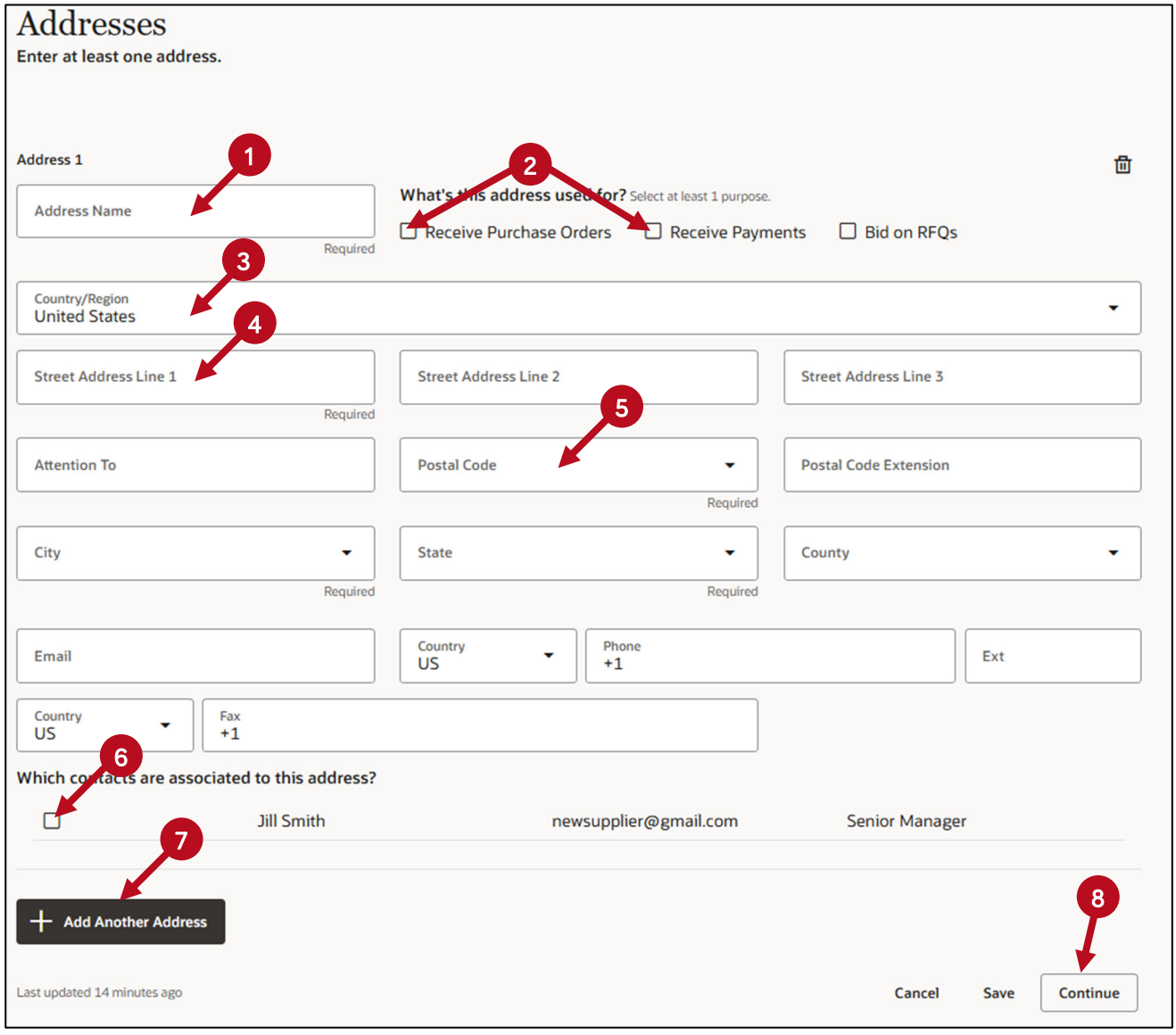


Step	Task Instructions

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.

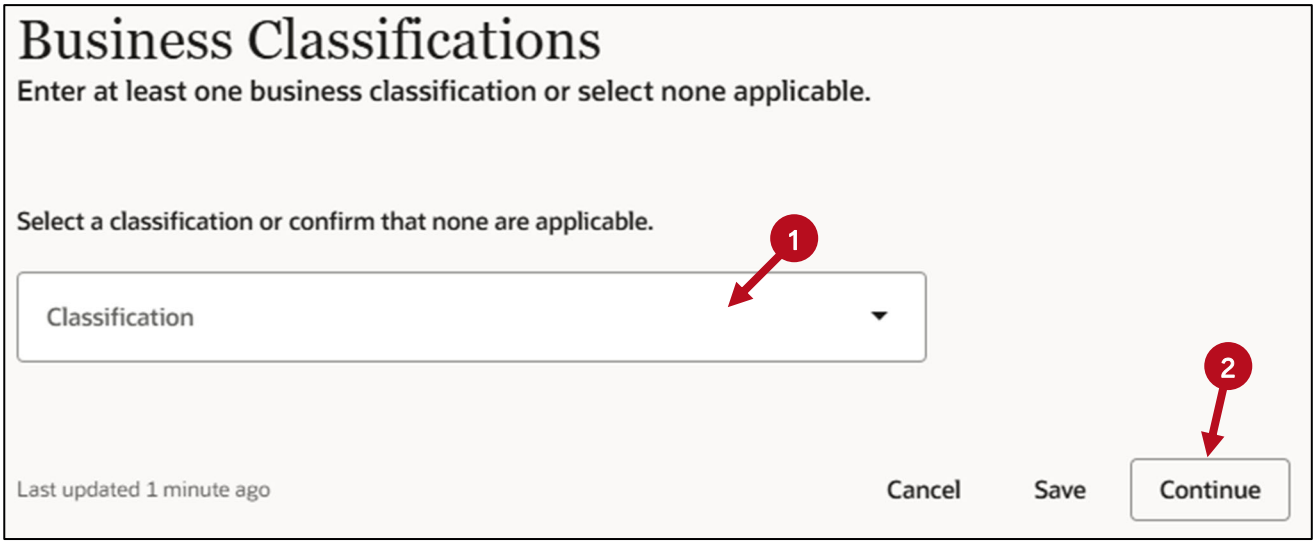


Step	Task Instructions

4. Business Classifications Page

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

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

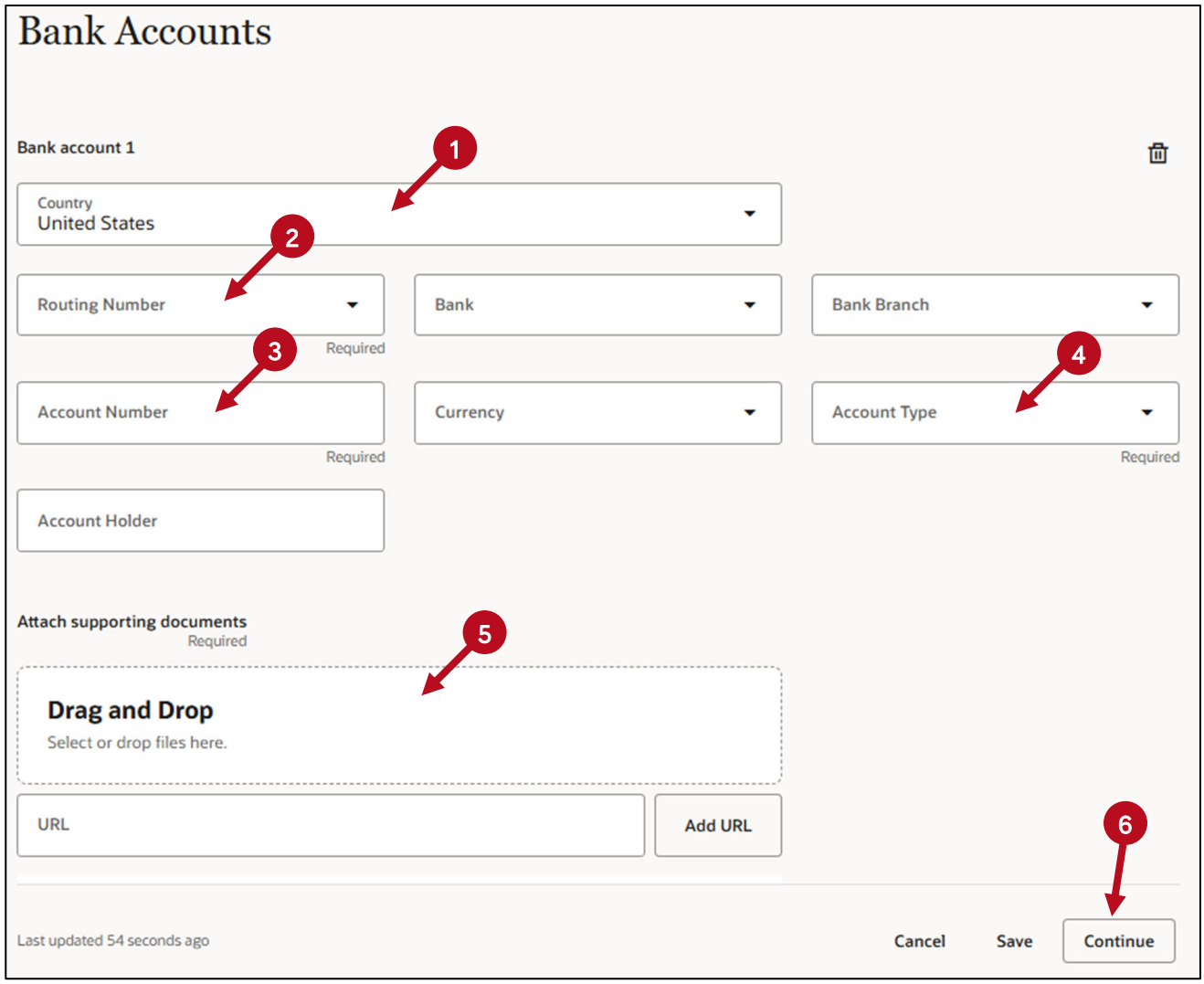


Step	Task Instructions

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.

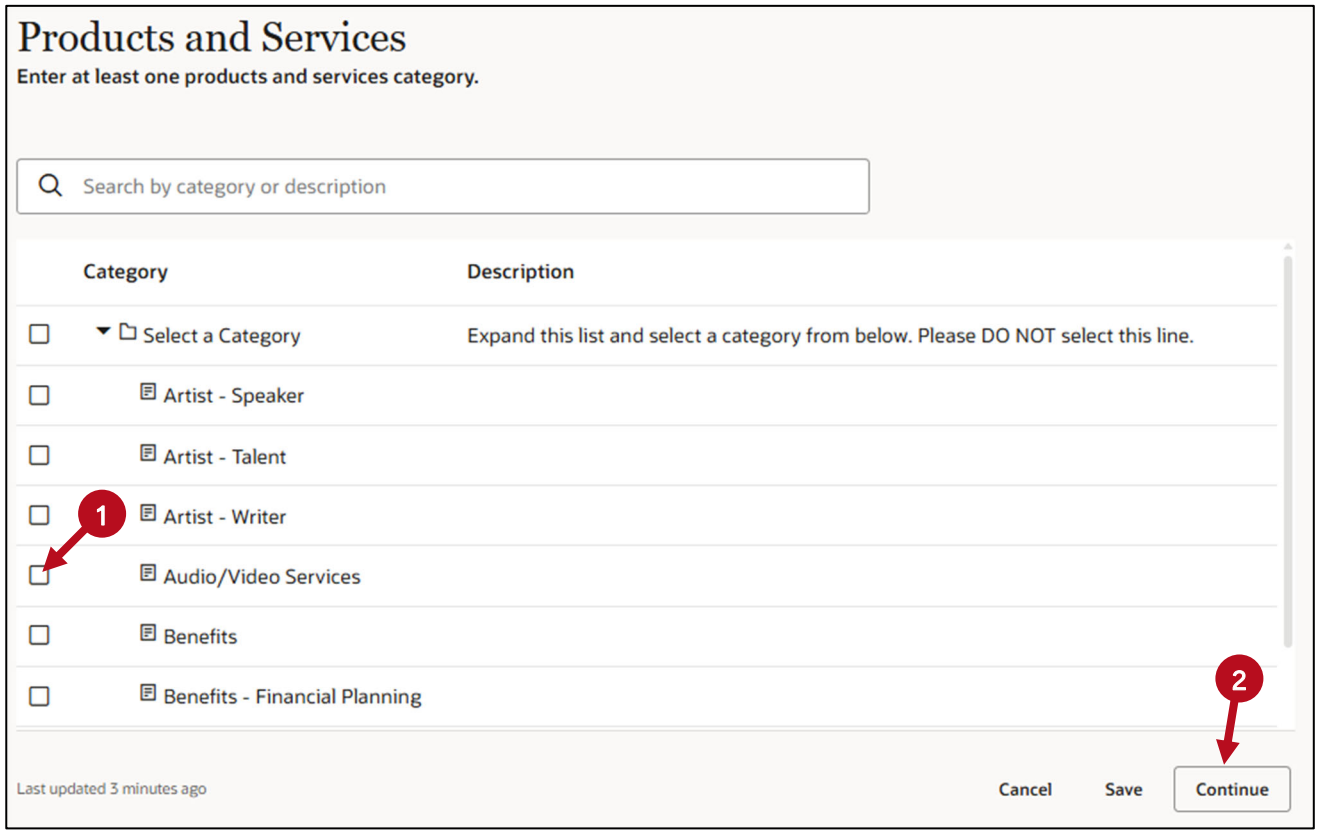
1) **Country:** Select the Country where the banking institution is located
2) **Routing Number:** Enter your bank's routing number or name, then select the correct bank & routing number from the drop list. The Bank and Bank Branch will automatically populate.
   Bank & **Bank Branch**: Do not enter 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.



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**.



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:

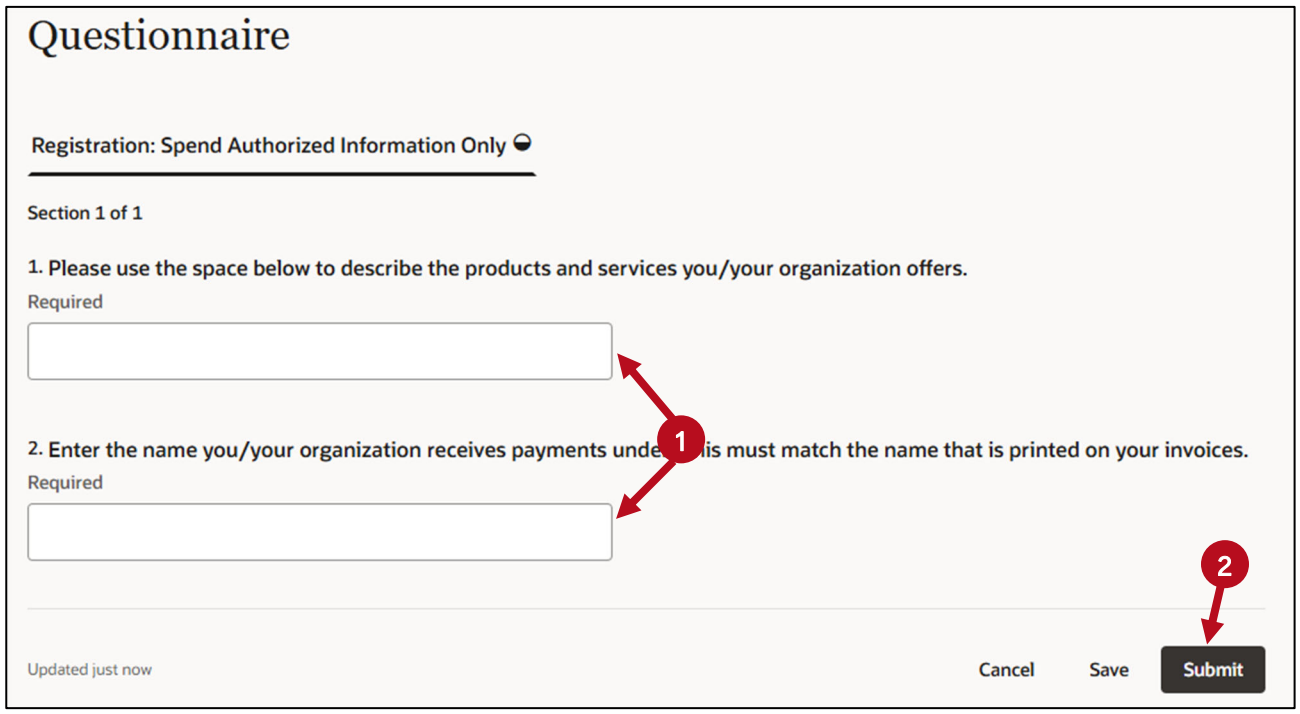
Products and Services: Description of the products/services your organization provides

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.

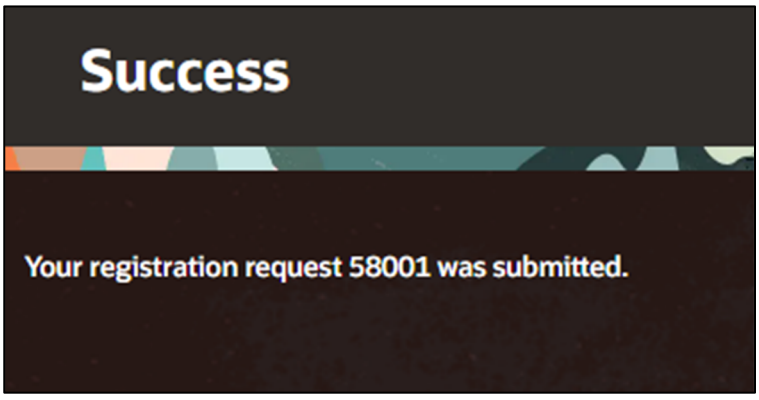
Payment Method: Confirm your organization's preferred method to receive payment (based on your entry on the Bank Accounts page)

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



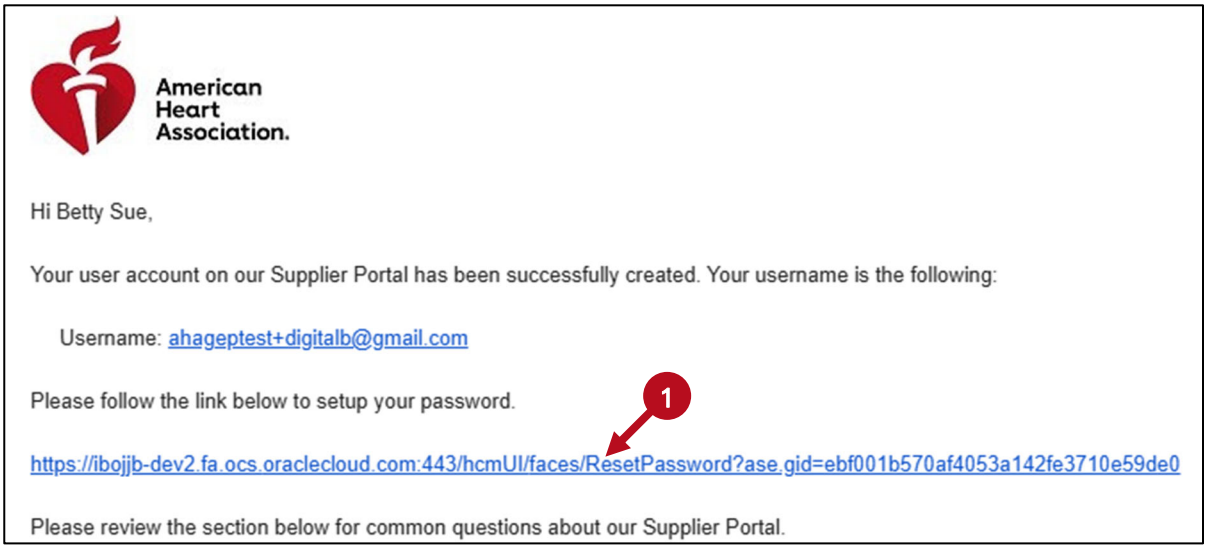
8. A confirmation page will display confirming you have successfully submitted your registration.



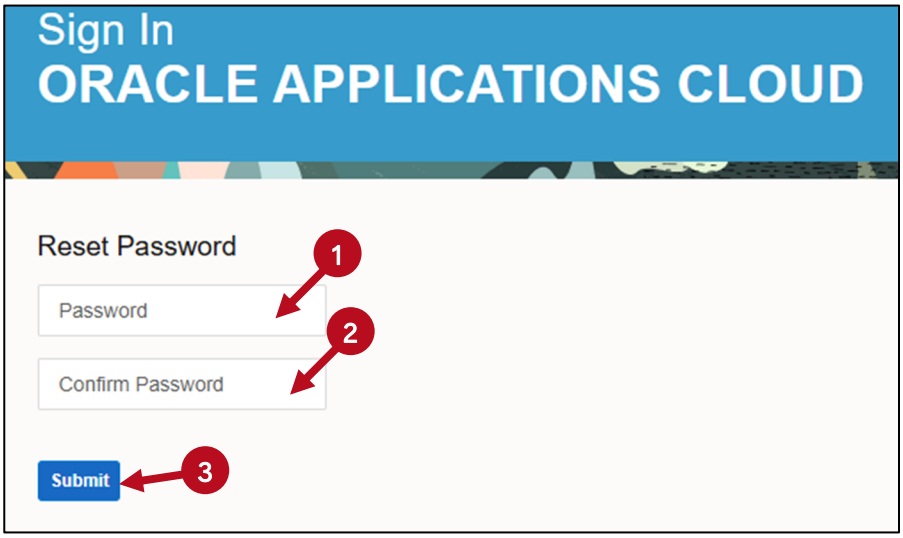
Step 3: Setup Your Password for our Supplier Portal

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-ibojjb.fa.ocs.oraclecloud.com/

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