

Vendor Portal Access Form

Please return the completed form by scanning and emailing to:
S3vendorportalregistration@sutterhealth.org

Vendor information (add your company information below)	
Vendor Legal Name	
Address	
City, State, Zip Code	
Tax ID	
Authorized employee(s) who will be accessing Sutter Health’s Vendor Portal (up to 3)	
Name / Email / Phone Number*	
Name / Email / Phone Number*	
Name / Email / Phone Number*	

* Note: please provide a secure, direct phone number (no call tree). Users will receive a text or voice confirmation access code.

By signing below, the authorized representative accepts responsibility, on behalf of Vendor (“You”), for maintaining the security of all usernames and passwords associated with Your account and for Your employees’ use of the Vendor Portal. You and Your employees are authorized to access only Your account. Each user account is uniquely assigned to an individual user and may not be shared with any other individual. You are required to notify Sutter Health immediately if a username or password has been compromised, or if a previously authorized employee is no longer authorized to have access. Sutter Health will provide a new username or password, upon notification.

Date: _____

Vendor Name

Print Authorized Name

Authorized Signature

Title (Manager-level or above)