

# **New Supplier: Self On-Boarding**

# New Supplier: Self On-Boarding



# New Supplier Email - Introduction

## New Supplier Email

From: CVSHealth@cloudmail.stibo.com <CVSHealth@cloudmail.stibo.com>

Subject: [EXTERNAL] CVS Health - Invitation to register as a new CVS Health supplier

\*\*\*\* External Email - Use Caution \*\*\*\*

Hi Test Supplier,

Your merchandising partner at CVS Health has initiated an invitation for you to register as an agent on our Stibo platform. This platform will allow you to provide all required information to be set-up as a CVS Health supplier.

In the near future you will receive two emails, one with your user name details and instructions and other with your password and one time verification token.

In the interim, please review the information contained at: <https://cvssuppliers.com/> to begin preparing for the registration process.

Thanks,  
CVS Team

\*\*\*Important: This is a system-generated notification. Please do not reply this email.

## Description / Steps

- *When an invitation to a new supplier has been finalized an email is sent informing the supplier of two future emails containing the user's ID, temporary password and token for one-time verification.*

## Tips

# New Supplier Email - Username

## New Supplier Email

**From:** CVSHealth@cloudmail.stibo.com <CVSHealth@cloudmail.stibo.com>

**Subject:** [EXTERNAL] CVS Health - Supplier registration credentials

\*\*\*\* External Email - Use Caution \*\*\*\*

Hi Test Supplier,

We have created a new user in our Stibo system. Below are the details

Username: TSUPPLIER

**Note:** We recommend that you change your password after your first login.

URL Details [https://cvs-production.scloud.stibo.com/webui/WEBUI\\_CVSSupplierPortal](https://cvs-production.scloud.stibo.com/webui/WEBUI_CVSSupplierPortal) \*Requires Google Chrome (Preferred), Microsoft Edge or Mozilla Firefox browser

Thanks,  
CVS Team

\*\*\*Important: This is a system-generated notification. Please do not reply this email.

## Description / Steps

- When an invitation to a new supplier has been finalized and the user has been created, an email will be sent to the new supplier with the Username and URL details

## Tips

A separate email is sent containing the user's temporary password and token for one-time verification

# New Supplier Email – Password and Verification Token

## New Supplier Email

**From:** CVSHealth@cloudmail.stibo.com <CVSHealth@cloudmail.stibo.com>

**Subject:** [EXTERNAL] CVS Health - Supplier verification token

\*\*\*\* External Email - Use Caution \*\*\*\*

Hi Test Supplier,

We have created a new user in our Stibo system. Below are the password and one time verification token details

Password: A&2UZkv1kDd

One Time Verification Token : 205990813

**Note:** We recommend that you change your password after your first login.

URL Details [https://cvs-production.scloud.stibo.com/webui/WEBUI\\_CVSSupplierPortal](https://cvs-production.scloud.stibo.com/webui/WEBUI_CVSSupplierPortal) \*\*Requires Google Chrome (Preferred), Microsoft Edge or Mozilla Firefox browser

Thanks,  
CVS Team

\*\*\*Important: This is a system-generated notification. Please do not reply this email.

## Description / Steps

- When an invitation to a new supplier has been finalized and the user has been created, an email will be sent to the new supplier with the following:
- Temporary password
- Verification Token
- URL Details

## Tips

A separate email is sent containing the username

User should change the password after first login

# User Login

## User Login

The screenshot shows a web browser window with the URL `auth.mdm.stibosystems.com/auth/realms/cvs-uat/protocol/openid-connect/auth?response_type=code&client_id=Step&state=10a5f2c0-2434-4ab7-963a-bb65568a58ec&login=true&scope=openid&redirect_uri=https%3A%2F%2Fcvss-uat.scloud.stibo.c...`. The page features the Stibo Systems logo (MASTER DATA MANAGEMENT) and a login form titled "STEP managed user log in". The form includes a "Please log in using the form" instruction, a "Username" field containing "TSUPPLIER", a "Password" field with masked characters, and a "Log In" button. Below the form is a link for "IDP managed user log in" and a link for "CVS Internal Colleagues - Click here". Numbered callouts are present: 1 points to the browser address bar, 2 points to the "Please log in using the form" text, 3 points to the "Username" field, and 4 points to the "Log In" button.

## Description / Steps

1. Enter URL for Stibo
2. Enter Username from email
3. Enter temporary password from email
4. Click "Log In"

## Tips

**Do not save the temporary password in Google/browser password manager pop-up.**

*Next pages will provide direction on changing your temporary password.*

# One Time Verification

## One Time Verification

Welcome to the STEP Web UI

Supplier-17908912 • Test Supplier • English US • Main

**Links**

- Supplier self onboarding process guidelines
- Link to CVSSupplier.com
- Advanced Search

**New Supplier Onboarding**

One Time Agent Verific...	1
Supplier Self Onboarding	0
<b>Total</b>	<b>1</b>

**New Agent Onboarding**

One time Agent Verifica...	0
----------------------------	---

**Supplier Maintenance**

Maintain Supplier Data	0
------------------------	---

**Clarification Workflow**

Review	0
--------	---

## Description / Steps

One Time Agent Verification link will be enabled in one of two places -

- 1. New Supplier /Agent Onboarding**  
– click One Time Agent Verification

## Tips

- **New Supplier Onboarding** – is initiated thru CM Invite
- **New Agent Onboarding** – New user Id created by MDM Stibo Team

# One Time Verification

## One Time Verification

Supplier Creation - One Time Agent Verification - Available						
↻	ID	•	Supplier Name	•	Initiated By	•
			Team Name	•	Date Of Entry	•
			No Of days In Queue	•		
	<a href="#">Supplier-17908912</a>		TEST SUPPLIER		RPDM CM 1	
			CVS Internal Team		Mon Jan 03 2022 09:57:09 GMT-0500 (EST)	
						1 hr 3 min

## Description / Steps

1. Click on the hyperlink 'Supplier - xxxxxxxx'

## Tips



# One Time Verification

## One Time Token Verification

Supplier Details

ID Supplier-43454690

Supplier Name KYLA TEST7

1 • Please Check The Mail For One Time Verification Token

\* One Time Verification Token

2

▶ Verify Token

## Description / Steps

1. Enter to token from the email into the One Time Verification box
2. Click the Verify Token Box

## Tips

*You will be directed to change your password on the next screen.*

# One Time Verification

## Password change

User Details

User ID

KMULLIN2

\* Email Address

kylatest7@gmail.com

Old password

\*\*\*\*\*

New password

\*\*\*\*\*

Repeat new password

\*\*\*\*\*

1

Use the SAVE button to complete the password change.  
You will be logged out and redirected to the home page. Please log in with your ID and new password.

2

Save

## Description / Steps

*Change your password is required to complete the verification*

*1. Enter the original password from the email*

*1. Enter a new password*

*2. Re-enter the new password*

*2. Click save*

*You will be redirected to the home page*

## Tips

# One time agent verification

## New password login

The screenshot shows a web browser window with the URL `auth.mdm.stibosystems.com/auth/realms/cvs-uat/protocol/openid-connect/auth?response_type=code&client_id=Step&state=10a5f2c0-2434-4ab7-963a-bb65568a58ec&login=true&scope=openid&redirect_uri=https%3A%2F%2Fcvscscloud.stibo.c...`. The page features the Stibo Systems logo and the text "STEP managed user log in". Below this, it says "Please log in using the form". There are two input fields: "Username" with the value "TSUPPLIER" and "Password" with masked characters. A "Log In" button is located to the right of the password field. Red numbered callouts are placed over the page: '1' in the top left corner, '2' over the "Please log in using the form" text, '3' over the "Username" input field, and '4' over the "Log In" button. Below the login form, there is a section for "IDP managed user log in" with a link for "CVS Internal Colleagues - Click here".

## Description / Steps

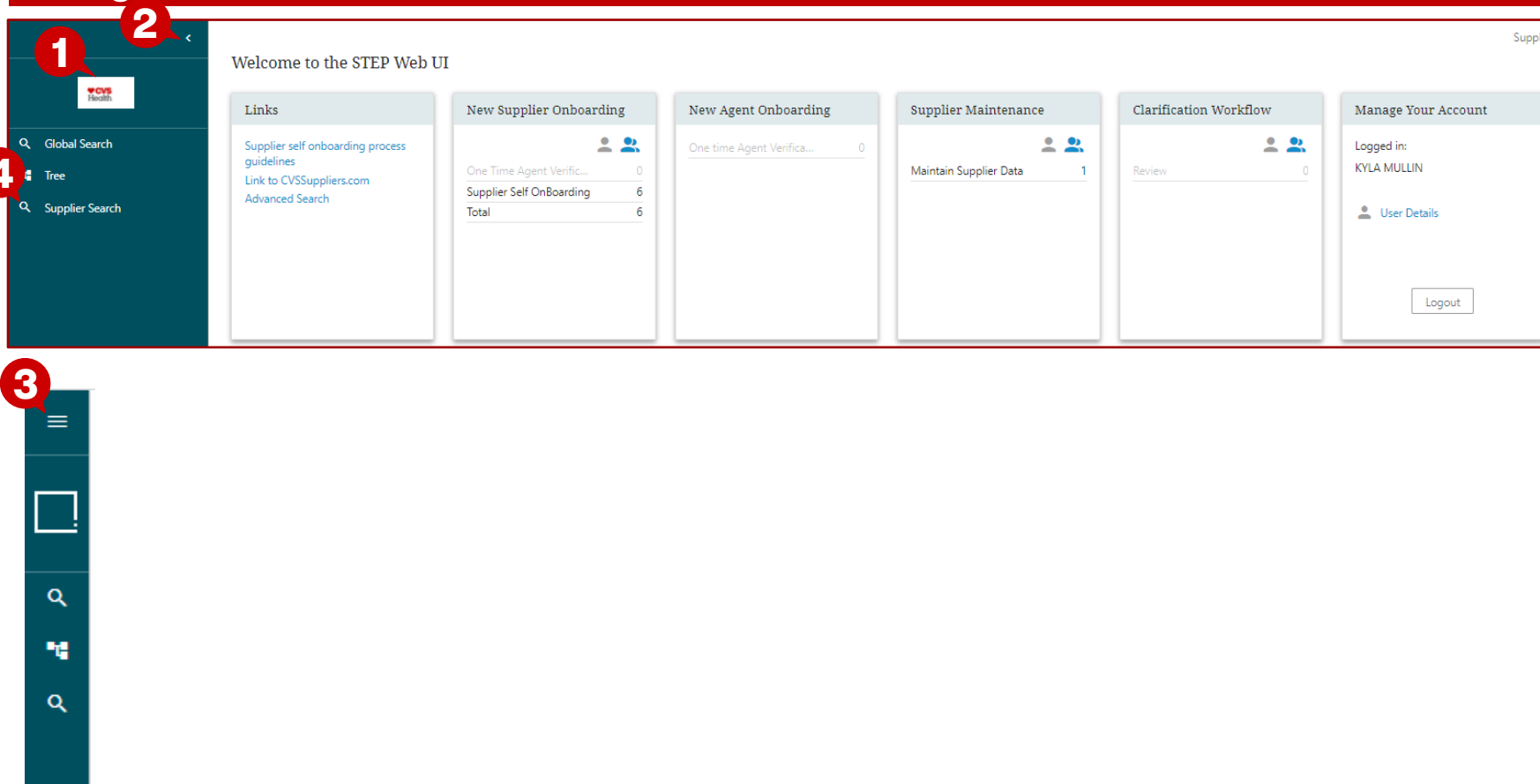
Once the password has been changed and you have been redirected to login screen -

1. Enter URL for Stibo
2. Enter Username from email
3. Enter newly created password
4. Click 'Log-in'

## Tips

# STIBO – Navigation Overview

## Navigation – Tool Bars



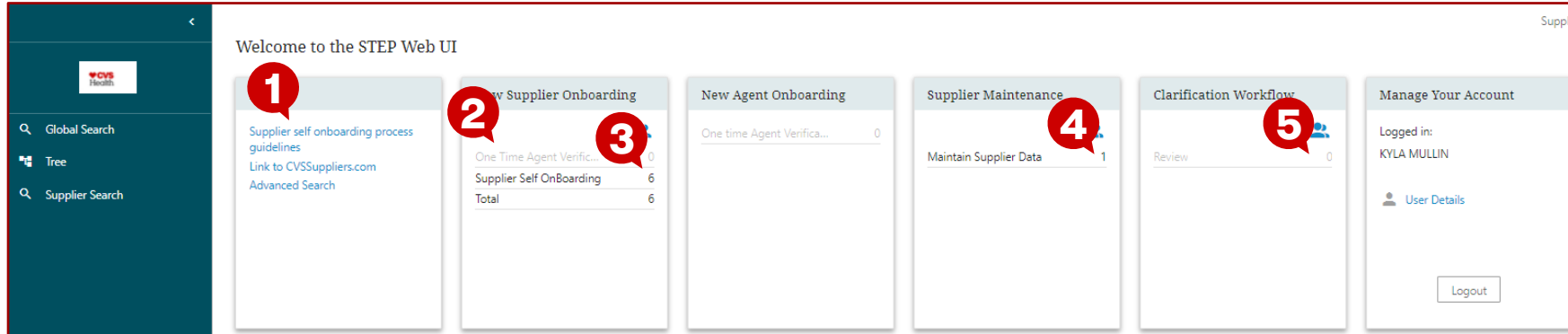
## Description / Steps

1. Click CVS logo to get to this homepage
2. Click the Arrow to collapse the menu for additional workspace
3. Click the 3 stacked lines to expand the menu back to size
4. Click the Supplier Search to search for a vendor

## Tips

# STIBO – Navigation Overview

## Navigation - Workflow



## Description / Steps

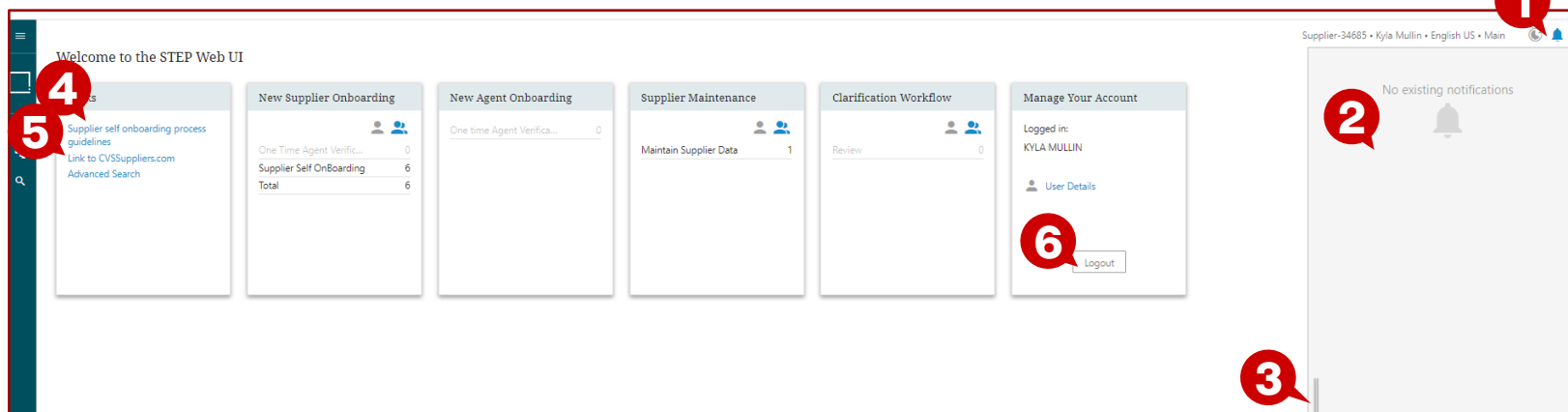
1. Self onboarding training documents
2. One Time verification – first time sign in only
3. Self Onboarding to complete
4. Supplier Maintenance to complete
5. Clarification workflow

## Tips

Each section will show the number of requests with outstanding tasks

# STIBO – Navigation Overview

## Navigation - Notifications



## Description / Steps

1. Notifications will be identified by a Red Bell
2. Click the bell to expand the notification box
  - Click the Bell again to collapse the notification box
3. Drag the bar to close the Notification box
4. Supplier training document link – Available for download
5. Link to CVSSuppliers.com site – short cut to the vendor set up section
6. Log out of Stibo

# Supplier Self Onboarding

## Welcome to the STEP Web UI

Supplier-17908912 • Test Supplier

Welcome to the STEP Web UI

Links

[Supplier self onboarding process guidelines](#)
[Link to CVSSupplier.com](#)
[Advanced Search](#)

Manage Your Account

Logged in:

TEST SUPPLIER

User Details

Logout

New Supplier Onboarding

One Time Agent Verifica...

0

Supplier Self OnBoarding

1

Total

1

New Agent Onboarding

One time Agent Verifica...

0

Supplier Maintenance

Maintain Supplier Data

0

Clarification Workflow

Review

0

## Description / Steps

- Click “Supplier Self Onboarding” within the New Supplier Onboarding option

## Tips

The number next to the Supplier Self Onboarding option indicates that there is 1 task to perform

# Supplier Self Onboarding

## Supplier Creation – Supplier Self Onboarding

Supplier Creation - Supplier Self OnBoarding - Available

Clear all filters

ID	Supplier Name	Supplier Type	Supplier Sub Type	Status of Registration	Initiated By	Team Name	Date Of Entry	No Of days In Queue
<a href="#">Supplier-17908912</a>	TEST SUPPLIER	Merchandise Warehouse	Domestic	Pending Supplier Response	Test Supplier	Supplier	Mon Jan 03 2022 11:15:41 GMT-0500 (EST)	3 min

## Description / Steps

1. Click the “Supplier-#####” hyperlink

## Tips

The next page will provide continued guidance to begin the Supplier Self Onboarding process



# Supplier Self Onboarding – Navigation Tips

## Supplier Overview

**1** Supplier

TEST SUPPLIER SUPPLIER PROFILE • ID: Supplier-17908912  
CVS Reference ID : • Status : Pre-Active • Pay Name : TEST SUPPLIER • PO Name : TEST SUPPLIER • Primary Category : 04-ORAL HYGIENE • Type : Merch Warehouse • Sub Type : Domestic

**2**

Supplier Overview **2** Address Payment & Banking Supply Chain **1** Ship Lane Compliance **4** EDI **1** Contact Documents Ownership

**3**

**Details**

\* Supplier Name TEST SUPPLIER  
Name of the Supplier that might appear on the Purchase Order or Remittance

\* Supplier Type Merchandise Warehouse  
Status Pre-Active

\* Supplier Sub Type Domestic

PO Name TEST SUPPLIER

\* Pay Name TEST SUPPLIER  
Name of the Pay Supplier

DBA TEST SUPPLIER  
Doing Business As- Informational Only

\* Legal Status  
The field defines the legal status of the supplier's company.

\* Product/Service Description  
Please provide a brief description about the Product & Services that you plan to offer to CVS

Supplier Status Date 03-Jan-2022

\* Is this Supplier onboarding due to Merger? N

\* Supplier Manages Data Y

Parent Supplier N

CVS Comments

Supplier Comments

**Category**

Clear all filters

Code	Name	Is Primary ?
04	ORAL HYGIENE	Y
71	TRIAL TRAVEL	

Number of items: 2

**Pay Supplier**

Select all Clear all filters Add Pay Supplier Remove Pay Supplier

Supplier Reference	Name
No existing records	

Number of items: 0; Selected items: 0

Do you want to copy Pay Supplier's Pay Name as PayName?

**4**

Save Submit Clone Supplier

## Description / Steps

- 1. Supplier Profile** – provides general information about the supplier
- 2. Blurbs** – these call-outs are guides and **DO NOT** indicate all mandatory entries to complete the Self Onboarding
- 3. Worksheets / Tabs** – System is designed to navigate to each worksheet from left to right prior to submitting the registration
- 4. Save** – provides the ability to save your progress as you go

## Tips

The next page will provide continued guidance to begin the Supplier Self Onboarding process

# Supplier Self Onboarding

## Supplier Overview

Supplier

TEST SUPPLIER

SUPPLIER PROFILE

ID: Supplier-17908912

CVS Reference ID : • Status : Pre-Active • Pay Name : TEST SUPPLIER • PO Name : TEST SUPPLIER • Primary Category : 04-ORAL HYGIENE • Type : Merchandise Warehouse • Sub Type : Domestic

Supplier Overview

Address

Payment & Banking

Supply Chain

Ship Lane

Compliance

EDI

Contact

Documents

Ownership

Details

Supplier Name

TEST SUPPLIER

Name of the Supplier that might appear on the Purchase Order or Remittance

Supplier Type

Merchandise Warehouse

Status

Pre-Active

Supplier Sub Type

Domestic

PO Name

TEST SUPPLIER

Pay Name

TEST SUPPLIER

Name of the Pay Supplier

DBA

TEST SUPPLIER

Doing Business As- Informational/ Only

Legal Status

The field defines the legal status of the supplier's company.

Product/Service Description

Please provide a brief description about the Product & Services that you plan to offer to CVS

Supplier Status Date

03-Jan-2022

Is this Supplier onboarding due to Merger?

N

Supplier Manages Data

Y

Parent Supplier

N

CVS Comments

Supplier Comments

Category

Clear all filters

Code	Name	Is Primary ?
04	ORAL HYGIENE	Y
71	TRIAL TRAVEL	

Number of items: 2

Pay Supplier

Select all

Clear all filters

Add Pay Supplier

Remove Pay Supplier

Supplier Reference	Name
No existing records	

Number of items: 0; Selected items: 0

Do you want to copy Pay Supplier's Pay Name as PayName?

Save

Submit

Clone Supplier

## Description / Steps

Required entries:

- Supplier Name** – review / update
- PO Name** – review / update
- Pay Name** – review / update
- DBA** – review / update
- Legal Status** – select from dropdown
- Product/Service Description** – enter a brief description about the product you plan to offer

### Best Practice:

- Pay Supplier** (for existing vendors self-onboarding a **new** PO Vendor number) – Add the Pay Supplier number associated with your company

## Tips

The next page will provide continued guidance to begin the Supplier Self Onboarding process

# Supplier Self Onboarding

## Supplier Overview - Complete

Supplier

TEST SUPPLIER

SUPPLIER PROFILE • ID: Supplier-17908912

CVS Reference ID: • Status: Pre-Active • Pay Name: TEST SUPPLIER • PO Name: TEST SUPPLIER • Primary Category: 04-ORAL HYGIENE • Type: Merchandise Warehouse • Sub Type: Domestic

Supplier Overview

Address

Payment & Banking

Supply Chain

Ship Lane

Compliance

EDI

Contact

Documents

Ownership

1

Details

Supplier Name

TEST SUPPLIER

Name of the Supplier that might appear on the Purchase Order or Remittance

Supplier Type

Merchandise Warehouse

Status

Pre-Active

Supplier Sub Type

Domestic

PO Name

TEST SUPPLIER

Pay Name

TEST SUPPLIER

Name of the Pay Supplier

DBA

TEST SUPPLIER

Doing Business As- Informational Only

Legal Status

C-Corporation

The field defines the legal status of the supplier's company.

Product/Service Description

Oral Care Products

Please provide a brief description about the Product & Services that you plan to offer to CVS

Supplier Status Date

03-Jan-2022

Is this Supplier onboarding due to Merger?

N

Supplier Manages Data

Y

Parent Supplier

N

CVS Comments

Supplier Comments

7

Category

Clear all filters

Code	Name	Is Primary ?
04	ORAL HYGIENE	Y
71	TRIAL TRAVEL	

Number of items: 2

Pay Supplier

Select all

Clear all filters

Add Pay Supplier

Remove Pay Supplier

Supplier Reference	Name
No existing records	

Number of items: 0; Selected items: 0

Do you want to copy Pay Supplier's Pay Name as PayName?

Save

Submit

Clone Supplier

## Description / Steps

Required entries:

- Supplier Name** – review / update
- PO Name** – review / update
- Pay Name** – review / update
- DBA** – review / update
- Legal Status** – select from dropdown
- Product/Service Description** – enter a brief description about the product you plan to offer

Optional entry:

- Pay Supplier** (for existing vendors self-onboarding a new PO Vendor number) – Add the Pay Supplier number associated with your company

## Tips

Click “Save” to save your progress before updating the next worksheet / tab

The next page will provide continued guidance to enter addresses

# Supplier Self Onboarding

## Address

Supplier

TEST SUPPLIER
SUPPLIER PROFILE • ID: Supplier-17908912  
CVS Reference ID : 38340 • Status : Active • Pay Name : TEST SUPPLIER • PO Name : TEST SUPPLIER Name Change • Primary Category : 04-ORAL HYGIENE • Type : Merchandise Warehouse • Sub Type : Domestic

Comments
Supplier Overview
Address
Payment & Banking
Supply Chain
Ship Lane
Compliance
EDI
Contact
Documents
Ownership

NOTE: Click on 'Create New Address' to create a new address and click 'Save New Address' to use in additional address fields below

▼ Create New Address

☒ Select all
☐ Clear all filters
▶ Create New Address
▶ Save New Address

↶	Name	•	*Line 1	•	Line 2	•	*City	•	*Country	•	*State	•	*Zip	•	Zip Extension	•
No existing records																
Number of items: 0; Selected items: 0																

NOTE: Click on 'Create New Address' to create a new address and click 'Save New Address' to use in additional address fields below

▼ HQ Address

☒ Select all
☐ Clear all filters

↶	Name	•	*Line 1	•	Line 2	•	*City	•	*Country	•	*State	•	*Zip	•	Zip Extension	•
No existing records																
Number of items: 0; Selected items: 0																

## Description / Steps

Required Addresses:

- **HQ (Headquarters)**
- **Remit / Pay**
- **PO Address** (if shipping to our Distribution Center)
- **Ship From Address** (if shipping to our Distribution Center --- Multiple addresses can be added if shipping from multiple locations)
- **W9 Address**

## Tips

Use the scroll bar on the right to move down the page to different address types

Use the triangle to the left of the address type to compress / expand the section

MCR address is optional

# Supplier Self Onboarding – Create New Address

## Address

Supplier  
KYLA'S UAT 1 • SUPPLIER PROFILE • ID: Supplier-11860320  
CVS Reference ID: 31081 • Status: Active • Pay Name: KYLA'S UAT 1 • PO Name: KYLA'S UAT 1 • Primary Category: 12-DIET/NUTRITION • Type: Merchandise Warehouse • Sub Type: Domestic

Comments Supplier Overview **Address** Payment & Banking Supply Chain Ship Lane Compliance EDI Contact Documents Ownership

NOTE: Click on 'Create New Address' to create a new address and click 'Save New Address' to use in additional address fields below

▼ Create New Address

☒ Select all ☐ Clear all filters ▶ Create New Address ▶ Save New Address

Name	*Line 1	Line 2	*City	*Country	*State	*Zip	Zip Extension
<input type="checkbox"/> 123 Holly Lane, Boston, MA	123 Holly Lane	PO Box 123	Boston	United States of America	MA-Massachusetts	02777	

Number of items: 1; Selected items: 0

NOTE: Click on 'Create New Address' to create a new address and click 'Save New Address' to use in additional address fields below

Supplier  
KYLA'S UAT 1 • SUPPLIER PROFILE • ID: Supplier-11860320  
CVS Reference ID: 31081 • Status: Active • Pay Name: KYLA'S UAT 1 • PO Name: KYLA'S UAT 1 • Primary Category: 12-DIET/NUTRITION • Type: Merchandise Warehouse • Sub Type: Domestic

Comments Supplier Overview **Address** Payment & Banking Supply Chain Ship Lane Compliance EDI Contact Documents Ownership

NOTE: Click on 'Create New Address' to create a new address and click 'Save New Address' to use in additional address fields below

▼ Create New Address

☒ Select all ☐ Clear all filters ▶ Create New Address ▶ Save New Address

Name	*Line 1	Line 2	*City	*Country	*State	*Zip	Zip Extension
No existing records							

Number of items: 0; Selected items: 0

NOTE: Click on 'Create New Address' to create a new address and click 'Save New Address' to use in additional address fields below

Address created successfully

## Description / Steps

1. Click Create new Address
2. Double click in the line 1 box to begin adding the address
3. Line 2 can be used for PO Box information or skipped
- City, State and Zip Code are required
4. **Click Save address when done**
5. **Pop-up to indicate that the address was created successfully.**
6. **Address info will then clear out**
  - Repeat steps 1 thru 6 for each address that is needed to represent your company

## Tips

Once address is saved you are ready to add the new existing address

**Upon clicking “Save New Address”, the address will disappear from the Create New Address section but will be available to be reused in other address fields on this page.**

# Supplier Self Onboarding – Add Existing Address

## Address

**Supplier**  
**TEST SUPPLIER** SUPPLIER PROFILE • ID: Supplier-17908912  
 CVS Reference ID : • Status : Pre-Active • Pay Name : TEST SUPPLIER • PO Name : TEST SUPPLIER • Primary Category : 04-ORAL HYGIENE • Type : Merchandise Warehouse • Sub Type : Domestic

Supplier Overview **Address** Payment & Banking Supply Chain Ship Lane Compliance <sup>4</sup> EDI <sup>1</sup> Contact Documents Ownership

**NOTE:** HQ Address, Pay/Remit Address, & W-9 Address are required. To re-use a newly entered address, please click SAVE as you go through each address.  
 If you are shipping Products to a CVS Distribution Center/ Warehouse, PO Address, Ship from Address are also required.

▶ HQ Address

▼ Remit/Pay Address

**NOTE :** If factor company or different pay supplier is linked then the Remit/Pay Address will be inherited from linked factor company or pay supplier on click of Save or Submit

Is Same Pay Supplier Linked ? <sup>Y</sup>

☒ Select all ☐ Clear all filters   <sup>1</sup>

Name	*Line 1	Line 2	*City	*Country
No existing records				

Number of items: 0; Selected items: 0

### Add Existing Address

Reference Type: Remit/Pay Address

Reference Target: <sup>2</sup> 999 Main Street, Anytown, RI (Address-17908927) <sup>3</sup>

## Description / Steps

For the address that was previously created apply it to all required address types

1. Click “Add Existing Address”
2. Enter the address that was previously created by typing in the “Reference Target” field.
3. Select the address and click “OK”

## Tips

Continue adding addresses for the remaining required address types

When complete, click “Save”

Guidance on completing the “Payment & Banking” worksheet begins on the next page

# Supplier Self Onboarding

## Payment & Banking

**Supplier**  
**TEST SUPPLIER** SUPPLIER PROFILE • ID: Supplier-17908912  
 CVS Reference ID : • Status : Pre-Active • Pay Name : TEST SUPPLIER • PO Name : TEST SUPPLIER • Primary Category : 04-ORAL HYGIENE • Type : Merchandise Warehouse • Sub Type : Domestic

Supplier Overview Address **Payment & Banking** Supply Chain <sup>1</sup> Ship Lane Compliance <sup>2</sup> EDI <sup>3</sup> Contact Documents Ownership

▼ Details

**NOTE : If factor company or different pay supplier is linked then Payment Type ,EDI Invoicing and Banking Attributes will be inherited from linked pay supplier or factor company on click of Save or Submit**

EDI Invoicing N

EDI Begin Date

**1** Are you a Supplier providing alcohol products to CVS using this new Supplier number?

**2** Do you want Pcard capability for Payments?

\* Payment Type CHECK

**3** Are you ACH Capable?

▼ Payment Terms

Please confirm your choice by double-clicking and selecting "Y" on the CHOICE box against the Term.

If the offered Payment terms are not the agreed payment terms, please reach out to the Category Manager on the CVS team

Clear all filters

Choice	Name	Short Desc	Discount %	Due Days	Net Days
	N75 DAYS	75	0.000	000	75
	2% DSC IN 40 DAYS; N41	24041	2.000	040	41
	.25% DSC IN 64 D; N65	.256465	0.25	64.00	65.00

Number of items: 3

Preferred Payment Terms

**4**

▼ Factor Supplier

\* Do you use a Factor Company for processing your payments? N

**5**

► Save Submit ► Clone Supplier

## Description / Steps

Required entries:

- 1. Alcohol Supplier**– update
- 2. PCard Capability** – update
- 3. Are you ACH Capable** – review / update
- 4. Payment Terms** – select one
- 5. Factor Company** – review / update

## Tips

The next page provides guidance to complete the “Details” section of the “Payment & Banking” worksheet.

# Supplier Self Onboarding

## Payment & Banking - Details

▼ Details

**NOTE : If factor company or different pay supplier is linked then Payment Type ,EDI Invoicing and Banking Attributes will be inherited from linked pay supplier or factor company on click of Save or Submit**

EDI Invoicing N

EDI Begin Date

**1** Are you a Supplier providing alcohol products to CVS using this new Supplier number? N

**2** Do you want Pcard capability for Payments? N

\* Payment Type CHECK

**3** Are you ACH Capable? N

## Description / Steps

Required entries:

- 1. Alcohol Supplier**– update
- 2. PCard Capability** – update
- 3. Are you ACH Capable** – review / update (If the selection = “Y”, then you will be prompted to provide additional banking information and IAT Affirmation.

Refer page titled ‘Supplier Self Onboarding – Bank Letter’ for detailed information

## Tips

The next page provides guidance to complete the “Payment Terms” and “Factor Company” sections



# Supplier Self Onboarding

## Payment & Banking – Payment Terms and Factor Company

▼ Payment Terms

Please confirm your choice by double-clicking and selecting "Y" on the CHOICE box against the Term.

If the offered Payment terms are not the agreed payment terms, please reach out to the Category Manager on the CVS team

Clear all filters

	Choice	Name	Short Desc	Discount %	Due Days	Net Days
1	Y	N75 DAYS	75	0.000	000	75
		2% DSC IN 40 DAYS; N41	24041	2.000	040	41
		.25% DSC IN 64 D; N65	.256465	0.25	64.00	65.00

Number of items: 3

Preferred Payment Terms 2

▼ Factor Supplier

\* Do you use a Factor Company for processing your payments? 3 N

## Description / Steps

Required entries:

- 1. Payment Terms (Required)** – double-click in the “Choice” field of the payment terms that the supplier accepts and select “Y”.
- 2. Preferred Payment Terms (Not Required)** – If a Supplier would like to request alternate payment terms, supplier can enter a comment requesting alternate payment terms for CVS Health to consider.
- 3. Factor Company** – change to “Y” if the supplier uses a Factor Company to process payments. You will be prompted to details

## Tips

The next page shows the completed “Payment & Banking” worksheet

# Supplier Self Onboarding – Payment & Banking Completed

## Payment & Banking - Complete

**Supplier**  
**TEST SUPPLIER** SUPPLIER PROFILE • ID: Supplier-17908912  
 CVS Reference ID: • Status: Pre-Active • Pay Name: TEST SUPPLIER • PO Name: TEST SUPPLIER • Primary Category: 04-ORAL HYGIENE • Type: Merchandise Warehouse • Sub Type: Domestic

Supplier Overview Address **Payment & Banking** Supply Chain <sup>1</sup> Ship Lane Compliance <sup>4</sup> EDI <sup>1</sup> Contact Documents Ownership

▼ Details

**NOTE: If factor company or different pay supplier is linked then Payment Type, EDI Invoicing and Banking Attributes will be inherited from linked pay supplier or factor company on click of Save or Submit**

EDI Invoicing N

EDI Begin Date

**1** Are you a Supplier providing alcohol products to CVS using this new Supplier number? N

**2** Do you want Pcard capability for Payments? N

\* Payment Type CHECK

**3** Are you ACH Capable? N

▼ Payment Terms

Please confirm your choice by double-clicking and selecting "Y" on the CHOICE box against the Term.

If the offered Payment terms are not the agreed payment terms, please reach out to the Category Manager on the CVS team

Clear all filters

Choice	Name	Short Desc	Discount %	Due Days	Net Days
<b>4</b> Y	N75 DAYS	75	0.000	000	75
	2% DSC IN 40 DAYS; N41	24041	2.000	040	41
	.25% DSC IN 64 D; N65	.256465	0.25	64.00	65.00

Number of items: 3

Preferred Payment Terms

▼ Factor Supplier

\* Do you use a Factor Company for processing your payments? N

**5**

Save Submit Clone Supplier

## Description / Steps

Completed Required entries:

- 1. Alcohol Supplier** – update
- 2. PCard Capability** – update
- 3. Are you ACH Capable** – review / update
- 4. Payment Terms** – select one
- 5. Factor Company** – review / update

## Tips

Click “Save” to save progress.

Refer steps outlined in ‘Clarification flow’ to change your Payment Terms

The next page provides guidance to complete the “Supply Chain” worksheet

# Supplier Self Onboarding

## Supply Chain

**Supplier**  
**TEST SUPPLIER** SUPPLIER PROFILE • ID: Supplier-17908912  
 CVS Reference ID: • Status: Pre-Active • Pay Name: TEST SUPPLIER • PO Name: TEST SUPPLIER • Primary Category: 04-ORAL HYGIENE • Type: Merchandise Warehouse • Sub Type: Domestic

Supplier Overview Address Payment & Banking **Supply Chain** Ship Lane Compliance EDI Contact Documents Ownership

**1** Details

**2** Do you plan to offer Saleable products to CVS?

**3** RX DEA Number   
 A DEA (Drug Enforcement Administration) number is a series of numbers assigned to the Suppliers providing items involving Controlled Substances DEA number is solely to be used for tracking controlled substances.

**4** List 1 Chemical DEA#   
 A DEA (Drug Enforcement Administration) number is a series of numbers assigned to the Suppliers providing items involving Controlled Substances DEA number is solely to be used for tracking controlled substances. This is specific for List 1 Chemical substances

**5** Damage Disposition Code   
 Disposition of Product Instructions.

Damage Payment Type   
 How funds will be received

Return Handling Fees

**6** Freight Terms

Please confirm your choice by double-clicking and selecting "Y" on the CHOICE box against the Term.

If the offered Freight terms are not the agreed Freight terms, please reach out to the Category Manager on the CVS team

Clear all filters

Choice	Name
<input type="checkbox"/>	Prepaid

Number of items: 1

Preferred Freight Terms

Save Submit Clone Supplier

## Description / Steps

Required entries:

- 1. Saleable Products** – select Y or N
- 2. Rx DEA Number (if applicable)**
- 3. List 1 Chemical DEA # (if applicable)**
- 4. Damage Disposition Code** – options based on the Damage Payment Type selected
- 5. Damage Payment Type** – select from options
- 6. Freight Terms** – enter “Choice” of Y or leave blank and complete the “Preferred Freight Terms”

## Tips

The next page provides guidance to complete the “Details” section of the “Supply Chain” worksheet

# Supplier Self Onboarding

## Supply Chain - Details

1

2

3

4

5

▼ Details

\* Do you plan to offer Saleable products to CVS ?

Y

RX DEA Number

A DEA (Drug Enforcement Administration) number is a series of numbers assigned to the Suppliers providing items involving Controlled Substances DEA number is solely to be used for tracking controlled substances.

List 1 Chemical DEA#

A DEA (Drug Enforcement Administration) number is a series of numbers assigned to the Suppliers providing items involving Controlled Substances DEA number is solely to be used for tracking controlled substances. This is specific for List 1 Chemical substances

Damage Disposition Code

Donate

Disposition of Product Instructions.

Damage Payment Type

Deduct

How funds will be received

Return Handling Fees\*

0

## Description / Steps

Completed required entries:

- Saleable Products** – select Y or N
- Rx DEA Number (if applicable)**
- List 1 Chemical DEA # (if applicable)**
- Damage Disposition Code** – options based on the Damage Payment Type selected
- Damage Payment Type** – select from options

## Tips

The next page provides guidance to complete the “Freight Terms” section of the “Supply Chain” worksheet

# Supplier Self Onboarding

## Supply Chain – Freight Terms

▼ Freight Terms

Please confirm your choice by double-clicking and selecting "Y" on the CHOICE box against the Term.

If the offered Freight terms are not the agreed Freight terms, please reach out to the Category Manager on the CVS team

Clear all filters

Choice	Name
Y	Prepaid

Number of items: 1

Preferred Freight Terms

## Description / Steps

Completed required entries:

- 1. Freight Terms** – double-click in the “Choice” box and enter your choice of Y or enter “Preferred Freight Terms”. Please enter a choice only if Supplier accepts the offered Freight term.
- 2. Preferred Freight Terms (Not Required)** – If Supplier would like to request an alternate freight term, supplier may enter a comment requesting alternate freight terms for CVS Health to consider

## Tips

If only one Freight Term is presented a selection of Y or N is still required

The next page shows the completed “Supply Chain” worksheet

# Supplier Self Onboarding – Supply Chain Completed

## Supply Chain - Complete

**Supplier**  
**TEST SUPPLIER** SUPPLIER PROFILE • ID: Supplier-17908912  
 CVS Reference ID: • Status: Pre-Active • Pay Name: TEST SUPPLIER • PO Name: TEST SUPPLIER • Primary Category: 04-ORAL HYGIENE • Type: Merchandise Warehouse • Sub Type: Domestic

Supplier Overview Address Payment & Banking **Supply Chain** Ship Lane Compliance <sup>4</sup> EDI <sup>1</sup> Contact Documents Ownership

**1** Details

**2** Do you plan to offer Saleable products to CVS?

**3** RX DEA Number

A DEA (Drug Enforcement Administration) number is a series of numbers assigned to the Suppliers providing items involving Controlled Substances DEA number is solely to be used for tracking controlled substances.

**4** List 1 Chemical DEA#

A DEA (Drug Enforcement Administration) number is a series of numbers assigned to the Suppliers providing items involving Controlled Substances DEA number is solely to be used for tracking controlled substances. This is specific for List 1 Chemical substances

**5** Damage Disposition Code

Disposition of Product Instructions.

Damage Payment Type

How funds will be received

Return Handling Fees <sup>fx</sup>

**6** Freight Terms

Please confirm your choice by double-clicking and selecting "Y" on the CHOICE box against the Term.

If the offered Freight terms are not the agreed Freight terms, please reach out to the Category Manager on the CVS team

Clear all filters

Choice	Name
<input type="text" value="Y"/>	Prepaid

Number of items: 1

Preferred Freight Terms

Save Submit Clone Supplier

## Description / Steps

Completed required entries:

- 1. Saleable Products**
- 2. Rx DEA Number**
- 3. List 1 Chemical DEA #**
- 4. Damage Disposition Code**
- 5. Damage Payment Type**
- 6. Freight Terms**

## Tips

Click "Save" to save progress

The next page provides guidance to complete the "Ship Lane" worksheet

## Ship Lane

### Description / Steps

*The “Ship Lane” worksheet allows the new supplier to indicate which CVS Warehouses will be shipped.*

*Required field entries:*

1. *Address (where the supplier ships from)*
2. *Warehouse (CVS Distribution center)*
3. *Lead Time (days) - in calendar days*

## Tips

The next page provides continued guidance to complete the “Ship Lane” worksheet

# Supplier Self Onboarding – Add Ship From Address

## Ship Lane

Supplier

TEST SUPPLIER SUPPLIER PROFILE • ID: Supplier-17908912

CVS Reference ID: • Status: Pre-Active • Pay Name: TEST SUPPLIER • PO Name: TEST SUPPLIER • Primary Category: 04-ORAL HYGIENE • Type: Merchandise Warehouse • Sub Type: Domestic

Supplier Overview Address Payment & Banking Supply Chain **Ship Lane** Compliance <sup>4</sup> EDI <sup>1</sup> Contact Documents Ownership

**1** ☒ Select all ☐ Clear all filters **Create New Ship Lane**

<b>2</b>	*Address	*Warehouse	Freight Term	Minimum Dollars	Minimum Unit	Minimum Unit Multiple	Lead Time(days)	Order Multiple	Permit #	Port Of Origin	CVS Warehouse
<input type="checkbox"/>	999	<b>3</b>									<small>fx</small>
<input type="checkbox"/>	999 Main Street, Anytown, RI (Address-17908927)										
	999 Main Street, Anytown, RI (Address-17908927)										

## Description / Steps

1. Click “Create New Ship Lane”
2. Double-click in “Address” field
  - Begin typing an address that was previously created and added to the Ship From address type
3. Select Address that was found

## Tips

The next page provides guidance to add a “Warehouse” to complete the “Ship Lane” worksheet



# Supplier Self Onboarding – Add Warehouse

## Ship Lane

Supplier

**TEST SUPPLIER** SUPPLIER PROFILE • ID: Supplier-17908912  
 CVS Reference ID : • Status : Pre-Active • Pay Name : TEST SUPPLIER • PO Name : TEST SUPPLIER • Primary Category : 04-ORAL HYGIENE • Type : Merchandise Warehouse • Sub Type : Domestic

Supplier Overview Address Payment & Banking Supply Chain **Ship Lane** Compliance <sup>4</sup> EDI <sup>1</sup> Contact Documents Ownership

Select all Clear all filters Create New Ship Lane Remove Reference Populate all DC's

\*Address \*Warehouse

999 Main Street, Anytown, RI

Select Node(s)

Browse Search

Warehouse Root (Warehouse\_Root)

Bessemer, AL (Warehouse-141792)

Chemung, NY (Warehouse-141806)

Conroe, TX (Warehouse-141798)

Ennis, TX (Warehouse-141793)

Fredericksburg, VA (Warehouse-141791)

Honolulu, HI (Warehouse-141804)

Indianapolis, IN (Warehouse-141799)

Kansas City, MO (Warehouse-141808)

Knoxville, TN (Warehouse-141795)

La Habra, CA (Warehouse-141801)

Lumberton, NJ (Warehouse-141789)

Medley, FL (Warehouse-141809)

North Augusta, SC (Warehouse-141796)

Novi, MI (Warehouse-141800)

Ontario, CA (Warehouse-141805)

Cancel OK

## Description / Steps

1. Double-click in "Warehouse" field
2. Click the "tree" icon within the field
3. Expand "Warehouse Root"
4. Select a CVS distribution center
5. Click "OK" to add the location

## Tips

The next page provides guidance to add "Lead Time (days)" to complete the "Ship Lane" worksheet

# Supplier Self Onboarding – Add Lead Time

## Ship Lane

Supplier

TEST SUPPLIER SUPPLIER PROFILE • ID: Supplier-17908912  
 CVS Reference ID: • Status: Pre-Active • Pay Name: TEST SUPPLIER • PO Name: TEST SUPPLIER • Primary Category: 04-ORAL HYGIENE • Type: Merchandise Warehouse • Sub Type: Domestic

Supplier Overview Address Payment & Banking Supply Chain **Ship Lane** Compliance <sup>4</sup> EDI <sup>1</sup> Contact Documents Ownership

☒ Select all ☐ Clear all filters ▶ Create New Ship Lane ☐ Remove Reference ▶ Populate all DC's

↶	*Address	*Warehouse	Freight Term	Minimum Dollars	Minimum Unit	Minimum Unit Multiple	Lead Time(day) <sup>1</sup>	Order Multiple	Permit #	Port Of Origin	CVS Warehouse
<input type="checkbox"/>	999 Main Street, Anytown, RI	Bessemer, AL					12 <sup>2</sup>				<i>fx</i>

## Description / Steps

1. Double-click in “Lead Time” field
2. Type in the number of calendar days the supplier requires to have the product arrive at the CVS warehouse from the day that the purchase order is received

## Tips

If the supplier will be shipping to more than one warehouse, the next page will show how to add multiple warehouses

# Supplier Self Onboarding – Add Additional Warehouses

## Ship Lane

**Supplier**  
TEST SUPPLIER SUPPLIER PROFILE • ID: Supplier-17908912  
CVS Reference ID: • Status: Pre-Active • Pay Name: TEST SUPPLIER • PO Name: TEST SUPPLIER • Primary Category: 04-ORAL HYGIENE • Type: Merchandise Warehouse • Sub Type: Domestic

Supplier Overview Address Payment & Banking Supply Chain **Ship Lane** Compliance <sup>4</sup> EDI <sup>1</sup> Contact Documents Ownership

1 ☒ **\*Address** • **\*Warehouse** • Freight Term • Minimum Dollars • Minimum Unit

2

*Address	*Warehouse	Freight Term	Minimum Dollars	Minimum Unit	Minimum Unit Multiple	Lead Time(days)
<input checked="" type="checkbox"/> 999 Main Street, Anytown, RI	Bessemer, AL					12
<input type="checkbox"/> 999 Main Street, Anytown, RI	Chemung, NY					12
<input type="checkbox"/> 999 Main Street, Anytown, RI	Conroe, TX					12
<input type="checkbox"/> 999 Main Street, Anytown, RI	Ennis, TX					12
<input type="checkbox"/> 999 Main Street, Anytown, RI	Fredericksburg, VA					12
<input type="checkbox"/> 999 Main Street, Anytown, RI	Honolulu, HI					12
<input type="checkbox"/> 999 Main Street, Anytown, RI	Indianapolis, IN					12
<input type="checkbox"/> 999 Main Street, Anytown, RI	Kansas City, MO					12
<input type="checkbox"/> 999 Main Street, Anytown, RI	Knoxville, TN					12
<input type="checkbox"/> 999 Main Street, Anytown, RI	La Habra, CA					12
<input type="checkbox"/> 999 Main Street, Anytown, RI	Lumberton, NJ					12
<input type="checkbox"/> 999 Main Street, Anytown, RI	Medley, FL					12
<input type="checkbox"/> 999 Main Street, Anytown, RI	North Augusta, SC					12
<input type="checkbox"/> 999 Main Street, Anytown, RI	Novi, MI					12
<input type="checkbox"/> 999 Main Street, Anytown, RI	Orlando, FL					12
<input type="checkbox"/> 999 Main Street, Anytown, RI	Patterson, CA					12

3

Number of items: 21; Selected items: 0

## Description / Steps

1. Select the check box at the beginning of the record
  2. Click “Populate all DC’s”
  3. All warehouses will be populated with the same information as entered for the first warehouse. Click “Save”
- If the ship from address or lead time is different by warehouse, enter the updated information for each warehouse

## Tips

The next page shows a completed “Ship Lane” worksheet

# Supplier Self Onboarding – Completed

## Ship Lane

Supplier

TEST SUPPLIER SUPPLIER PROFILE • ID: Supplier-17908912  
CVS Reference ID: • Status: Pre-Active • Pay Name: TEST SUPPLIER • PO Name: TEST SUPPLIER • Primary Category: 04-ORAL HYGIENE • Type: Merchandise Warehouse • Sub Type: Domestic

Supplier Overview

Address

Payment & Banking

Supply Chain

Ship Lane

Compliance <sup>4</sup>

EDI <sup>1</sup>

Contact

Documents

Ownership

☒ Select all

Clear all filters

Create New Ship Lane

Remove Reference

Populate all DC's

	Address	Warehouse	Freight Term	Minimum Dollars	Minimum Unit	Minimum Unit Multiple	Lead Time(days)	Order Multiple	Permit #	Port Of Origin	CVS Warehouse
<input type="checkbox"/>	999 Main Street, Anytown, RI	Bessemer, AL					12				AL <a href="#">fx</a>
<input type="checkbox"/>	999 Main Street, Anytown, RI	Chemung, NY					12				YK <a href="#">fx</a>
<input type="checkbox"/>	999 Main Street, Anytown, RI	Conroe, TX					12				CR <a href="#">fx</a>
<input type="checkbox"/>	999 Main Street, Anytown, RI	Ennis, TX					12				EN <a href="#">fx</a>
<input type="checkbox"/>	999 Main Street, Anytown, RI	Fredericksburg, VA					12				MA <a href="#">fx</a>
<input type="checkbox"/>	999 Main Street, Anytown, RI	Honolulu, HI					12				HI <a href="#">fx</a>
<input type="checkbox"/>	999 Main Street, Anytown, RI	Indianapolis, IN					12				IN <a href="#">fx</a>
<input type="checkbox"/>	999 Main Street, Anytown, RI	Kansas City, MO					12				KC <a href="#">fx</a>
<input type="checkbox"/>	999 Main Street, Anytown, RI	Knoxville, TN					12				TN <a href="#">fx</a>
<input type="checkbox"/>	999 Main Street, Anytown, RI	La Habra, CA					12				LA <a href="#">fx</a>
<input type="checkbox"/>	999 Main Street, Anytown, RI	Lumberton, NJ					12				NJ <a href="#">fx</a>
<input type="checkbox"/>	999 Main Street, Anytown, RI	Medley, FL					12				XM <a href="#">fx</a>
<input type="checkbox"/>	999 Main Street, Anytown, RI	North Augusta, SC					12				SC <a href="#">fx</a>
<input type="checkbox"/>	999 Main Street, Anytown, RI	Novi, MI					12				DT <a href="#">fx</a>
<input type="checkbox"/>	999 Main Street, Anytown, RI	Orlando, FL					12				OR <a href="#">fx</a>
<input type="checkbox"/>	999 Main Street, Anytown, RI	Patterson, CA					12				UC <a href="#">fx</a>

Number of items: 21; Selected items: 0

Save

Submit

Clone Supplier

## Description / Steps

Required entries completed for all warehouses

## Tips

If you want to remove a record, select the check box at the beginning of the record and click “Remove Reference”

Click “Save” when ready to move to next worksheet

The next page will provide guidance on the “Compliance” worksheet.

# Supplier Self Onboarding

## Compliance

**Supplier**  
**TEST SUPPLIER** SUPPLIER PROFILE • ID: Supplier-17908912  
 CVS Reference ID : • Status : Pre-Active • Pay Name : TEST SUPPLIER • PO Name : TEST SUPPLIER • Primary Category : 04-ORAL HYGIENE • Type : Merchandise Warehouse • Sub Type : Domestic

Supplier Overview Address Payment & Banking Supply Chain Ship Lane **Compliance** EDI Contact Documents Ownership

▼ Details

1 \* Is your Employer Tax Identification Number also an individual's Social Security Number ?

2 \* Tax Name TEST SUPPLIER  
 Tax Name if different from the Vendor Name

3 \* Do you service CVS Hawaii stores?

4 \* Do you service CVS Puerto Rico stores?

5 \* Are you a Broker?

6 Please enter Broker information in the contact tab if you choose "Are you a Broker?" as Y

7 Diverse Certification  
 Women Owned, Minority Owned etc.

Puerto Rico Waiver Certificate N

Are you a Manufacturer? N

▶ Save Submit ▶ Clone Supplier

## Description / Steps

Required entries:

1. **Tax ID # also Social Security #** – select Y or N
2. **Tax Name** – review / update
3. **Hawaii Supplier?** – select Y or N
4. **Puerto Rico Supplier?** – select Y or N
5. **Are you a Broker?** – select Y or N
6. **Diverse Certification** – leave blank unless you are a certified diverse supplier
7. **Puerto Rico Waiver Certificate** –review / update

## Tips

The next page will provide continued guidance on completing the "Compliance" worksheet

# Supplier Self Onboarding - Completed

## Compliance

**Supplier**  
**TEST SUPPLIER** SUPPLIER PROFILE • ID: Supplier-17908912  
 CVS Reference ID : • Status : Pre-Active • Pay Name : TEST SUPPLIER • PO Name : TEST SUPPLIER • Primary Category : 04-ORAL HYGIENE • Type : Merchandise Warehouse • Sub Type : Domestic

Supplier Overview Address Payment & Banking Supply Chain Ship Lane **Compliance** EDI <sup>1</sup> Contact Documents Ownership

▼ Details

**1** \* Is your Employer Tax Identification Number also an individual's Social Security Number ?

Please enter your Tax Identification Number (TIN)

TIN#

The format should be equivalent to 00-0000000

**2** \* Tax Name

Tax Name if different from the Vendor Name

**3** \* Do you service CVS Hawaii stores?

**4** \* Do you service CVS Puerto Rico stores?

**5** \* Are you a Broker?

Please enter Broker Information in the contact tab if you choose "Are you a Broker?" as Y

**6** Diverse Certification

Women Owned, Minority Owned etc.

**7** Puerto Rico Waiver Certificate

Are you a Manufacturer?

[▶ Save](#) [Submit](#) [▶ Clone Supplier](#)

## Description / Steps

Completed Required entries:

- 1. Tax ID # also Social Security #** – If “N” enter TIN#
- 2. Tax Name** – review / update
- 3. Hawaii Supplier?** – select Y or N
- 4. Puerto Rico Supplier?** – select Y or N
- 5. Are you a Broker?** – select Y or N
- 6. Diverse Certification** – select Y or N
- 7. Puerto Rico Waiver Certificate** –review / update

## Tips

Click “Save”

The next page will provide guidance on completing the “EDI” worksheet

# Supplier Self Onboarding – EDI Capable = “N”

## EDI

**Supplier**  
**TEST SUPPLIER** SUPPLIER PROFILE • ID: Supplier-17908912  
 CVS Reference ID : • Status : Pre-Active • Pay Name : TEST SUPPLIER • PO Name : TEST SUPPLIER • Primary Category : 04-ORAL HYGIENE • Type : Merchandise Warehouse • Sub Type : Domestic

Supplier Overview Address Payment & Banking Supply Chain Ship Lane Compliance **EDI** <sup>1</sup> Contact Documents Ownership

▼ Details

**NOTE : Please enter EDI TRANSMISSION CONTACT responsibility in Contact tab, if you choose "Are you EDI Transmission capable?" as Y**

\* Are you EDI Transmission capable?

▲ Are you EDI Transmission capable? is mandatory  
 Indicates if supplier has the ability to trade documents via EDI

▼ Details

**NOTE : Please enter EDI TRANSMISSION CONTACT responsibility, if you choose "Are you EDI Transmission capable?" as Y**

\* Are you EDI Transmission capable?

Indicates if supplier has the ability to trade documents via EDI

EDI-enablement is a critical component of doing business with CVS Health. If you do not have internal EDI capabilities, we strongly suggest that you work with an appropriate EDI provider to send and receive Purchase Orders, Invoices, and other business transactions. If you do not have EDI, you will automatically be placed on a 30-Day Trial Account with Graceblood, LLC an unaffiliated third-party EDI provider. Please download the introductory letter for more information.

▶ Save Submit ▶ Clone Supplier

## Description / Steps

*Required entries – conditional based on the answer to “Are you EDI Transmission Capable?”*

- If the supplier is not EDI Transmission capable, supplier will be directed to find an EDI provider or use a 30-Day Trial Account with Graceblood, LLC.*

## Tips

*Click “Save”*

*The next page will provide guidance on completing the “EDI” worksheet for suppliers that are EDI Capable*

# Supplier Self Onboarding – EDI Capable = “Y” using a VAN

## EDI

**Supplier**  
**TEST SUPPLIER** SUPPLIER PROFILE • ID: Supplier-17908912  
 CVS Reference ID: • Status: Pre-Active • Pay Name: TEST SUPPLIER • PO Name: TEST SUPPLIER • Primary Category: 04-ORAL HYGIENE • Type: Merchandise Warehouse • Sub Type: Domestic

Supplier Overview Address Payment & Banking Supply Chain Ship Lane Compliance **EDI** Contact Documents Ownership

▼ Details

**NOTE : Please enter EDI TRANSMISSION CONTACT responsibility in Contact tab, if you choose “Are you EDI Transmission capable?” as Y**

\* Are you EDI Transmission capable?   
Indicates if supplier has the ability to trade documents via EDI

It is imperative that you engage your EDI and data transmission professionals for proper completion of the following screens. Any incorrect information will result in a delay in onboarding.

1 EDI ISA/GS ID   
ISA ID - provides the identity of who is transmitting the documents

2 EDI ISA Qualifier   
Associated with the ISA ID - prefix that is part of the EDI ID

3 EDI Communication Protocol

4 Vendor Value Added Network (VAN)   
VAN - where the suppliers mailbox resides

5

▶ Save Submit ▶ Clone Supplier

## Description / Steps

*Required entries – conditional based on the answer to “Are you EDI Transmission Capable?”*

1. *If the supplier is EDI Transmission capable, additional information is required*
2. *EDI ISA/GS ID*
3. *EDI ISA Qualifier*
4. *EDI Communication Protocol*
5. *Vendor Value Added Network*

## Tips

*Click “Save”*

*The next page will provide guidance on completing the “EDI” worksheet for suppliers that use SFTP*



# Supplier Self Onboarding – EDI Capable = “Y” using SFTP

## EDI

## Description / Steps

EDI Communication Protocol

SFTP

CVS Health prefers SSH Key Authentication, Password Authentication considered on an exception basis. CVS EDI will

### EDI SFTP PRODUCTION ENVIRONMENT

SFTP PROD File Locations

prod/file\_loc

Ex: <root>, /<sub-directory>, other

SFTP PROD Server Host Name / IP Address

b2b-prod.testsupplier.com

EDI details if Communication Protocol is SFTP

SFTP PROD Server Login Username

CVS\_B2B

SFTP PROD Server Port 22

22

CVSHealth requires SFTP over standard port 22, non-standard ports considered on an exception basis

You will be contacted by CVS EDI for SSH Key exchange and further setup information.

### EDI SFTP TEST ENVIRONMENT

SFTP TEST File Locations

test/file\_loc

Ex: <root>, /<sub-directory>, other

SFTP TEST Server Host Name / IP Address

b2b-test.testsupplier.com

EDI details if Communication Protocol is SFTP

SFTP TEST Server Login Username

CVS\_B2B

SFTP TEST Server Port 22

22

CVSHealth requires SFTP over standard port 22, non-standard ports considered on an exception basis

*If the supplier is using SFTP as the EDI Communication Protocol*

1. SFTP PROD File Locations
2. SFTP PROD Server Host Name / IP
3. SFTP PROD Server Login Username
4. SFTP PROD Server Port 22
5. SFTP Test File Locations
6. SFTP Test Server Host Name / IP
7. SFTP TEST Server Login Username
8. SFTP Test Server Port 22

## Tips

Click “Save”

The next page will provide guidance on completing the “EDI” worksheet for suppliers that use AS2

# Supplier Self Onboarding – EDI Capable = “Y” using AS2

## EDI

ABCDEFG  
  
HIJKLM

EDI Communication Protocol AS2

CVS Health EDI will exchange digital certificates and encryption information with your provided transmission team contact

AS2 Identifier Prod TESTSUPPLIER\_B2B\_PROD

Max Retries Prod 5

Retry Interval Prod 300

URI Prod /as2

URL and Port Prod https://b2b-prod.yourcompany.com

MDN Receipt Prod Y

EDI AS2 related attributes (Message Disposition Notification)

CVS Health EDI requests Message Disposition Notifications (MDN) for data transmitted over AS2.

You will be contacted by CVS EDI for digital certificate exchange and further AS2 setup information.

AS2 Identifier Test TESTSUPPLIER\_B2B\_TEST

Max Retries Test 5

Retry Interval Test 300

URI Test /as2

URL and Port Test https://b2b-test.yourcompany.com

MDN Receipt Test Y

EDI AS2 related attributes (Message Disposition Notification)

CVS Health EDI requests Message Disposition Notifications (MDN) for data transmitted over AS2.

Save
Submit
Clone Supplier

## Description / Steps

*If the supplier is using AS2 as the EDI Communication Protocol*

- A. EDI Communication Protocol
- B. AS2 Identifier Prod
- C. Max Retries Prod
- D. Retry Interval Prod
- E. URL Prod
- F. URL and Port Prod
- G. MDN Receipt Prod
- H. AS2 Identifier Test
- I. Max Retries Test
- J. Retry Interval Test
- K. URL Test
- L. URL and Port Test
- M. MDN Receipt Test

## Tips

Click “Save”

Guidance on completing the “Contact” tab begins on the next page

# Supplier Self Onboarding

## Contact

Supplier

TEST SUPPLIER SUPPLIER PROFILE • ID: Supplier-17908912  
CVS Reference ID : • Status : Pre-Active • Pay Name : TEST SUPPLIER • PO Name : TEST SUPPLIER • Primary Category : 04-ORAL HYGIENE • Type : Merchandise Warehouse • Sub Type : Domestic

Supplier Overview

Address

Payment & Banking

Supply Chain

Ship Lane

Compliance

EDI

Contact

Documents

Ownership

NOTE: Warehouse NFR, Warehouse and DSD Suppliers: SALES REPRESENTATIVE, A/R CONTACT & INVENTORY CONTACTS are required to be filled. If EDI Capable, EDI TRANSMISSION CONTACT is required to be filled.

Select all

Clear all filters

Create New Contact

Add Existing Contact

Remove Contact

	*Responsibility	*First Name	*Last Name	M.I	*Primary Phone Number	*Email	Cellphone	Fax	Extension	Primary Contact	Name
<input type="checkbox"/>	SALES REPRESENTATIVE	Test	Supplier		401-999-9999	Test_Supplier@Test.com				Y	Test Supplier

Number of items: 1; Selected items: 0

▶ Save

Submit

▶ Clone Supplier

## Description / Steps

*Required Contacts (Responsibility):*

- Sales Representative*
- A/R Contact*
- Inventory Contacts*
- EDI Transmission Contact (if supplier is EDI Capable)*

## Tips

*The Sales Representative contact is typically used when CVS invites a new supplier to self onboard, if it is not present, it must be added*

*The next page shows the steps to create a new contact*

# Supplier Self Onboarding – Create New Contact

## Contact

Supplier

TEST SUPPLIER SUPPLIER PROFILE • ID: Supplier-17908912  
CVS Reference ID: • Status: Pre-Active • Pay Name: TEST SUPPLIER • PO Name: TEST SUPPLIER • Primary Category: 04-ORAL HYGIENE • Type: Merchandise Warehouse • Sub Type: Domestic

Supplier Overview Address Payment & Banking Supply Chain Ship Lane Compliance EDI **Contact** Documents Ownership

NOTE: Warehouse NFR, Warehouse and Suppliers: SALES REPRESENTATIVE, A/R CONTACT & INVENTORY CONTACTS are required to be filled. If EDI Capable, EDI TRANSMISSION CONTACT is required to be filled.

Select all Clear all filters Create New Contact Add Existing Contact Remove Contact

*Responsibility	*First Name	*Last Name	M.I.	*Primary Phone Number	*Email	Cellphone	Fax	Extension	Primary Contact	Name
<input type="checkbox"/>									Y	
<input type="checkbox"/> SALES REPRESENTATIVE	Test	Supplier		401-999-9999	Test_Supplier@Test.com				Y	Test Supplier

Value editor - 1 item selected

Number of items: 2; Selected items: 0

A/R CONTACT

Value editor - 1 item selected

A/R CONTACT

Add value

Cancel Save

Save Submit Clone Supplier

## Description / Steps

1. Click "Create New Contact"
2. Double-click in the "Responsibility" field and select the type of contact
3. Click "Save"

• Enter required fields:

- First Name,
- Last Name,
- Primary Phone Number
- Email

## Tips

The next page shows the steps to Add Multiple Responsibilities to a contact

# Supplier Self Onboarding – Add multiple responsibilities

## Contact

Supplier

TEST SUPPLIER SUPPLIER PROFILE • ID: Supplier-17908912  
CVS Reference ID: • Status: Pre-Active • Pay Name: TEST SUPPLIER • PO Name: TEST SUPPLIER • Primary Category: 04-ORAL HYGIENE • Type: Merchandise Warehouse • Sub Type: Domestic

Supplier Overview Address Payment & Banking Supply Chain Ship Lane Compliance EDI **Contact** Documents Ownership

**NOTE: Warehouse NFR, Warehouse and DSD Suppliers: SALES REPRESENTATIVE, A/R CONTACT & INVENTORY CONTACTS are required to be filled. If EDI Capable, EDI TRANSMISSION CONTACT is required to be filled.**

Select all Clear all filters Create New Contact Add Existing Contact Remove Contact

*Responsibility	*First Name	*Last Name	M.I	*Primary Phone Number	*Email	Cellphone	Fax	Extension	Primary Contact	Name
<input checked="" type="checkbox"/> A/R CONTACT	Test	Account		401-999-8888	Test_Account@Test.com				Y	Test Account
<input type="checkbox"/> SALES REPRESENTATIVE	Test	Supplier		401-999-9999	Test_Supplier@Test.com				Y	Test Supplier

Number of items: 2; Selected items: 0

Value editor - 1 item selected

A/R CONTACT

INVENTORY

Add value

Sequence values...

Cancel Save

Save Submit Clone Supplier

## Description / Steps

*There exists the ability to add multiple responsibilities to the same contact*

1. Double-click the “Responsibility” of the contact to add
2. Click “Add Value”
3. Select value from the dropdown
4. Click “Save”

## Tips

*The next page shows the steps to complete the “Documents” worksheet*

# Supplier Self Onboarding

## Documents

Supplier

TEST SUPPLIER

SUPPLIER PROFILE • ID: Supplier-17908912  
CVS Reference ID : • Status : Pre-Active • Pay Name : TEST SUPPLIER • PO Name : TEST SUPPLIER • Primary Category : 04-ORAL HYGIENE • Type : Merchandise Warehouse • Sub Type : Domestic

Supplier Overview
Address
Payment & Banking
Supply Chain
Ship Lane
Compliance
EDI
Contact
Documents
Ownership

Required Documents

Required Documents

Certificate Of Insurance

W-8 Or W-9

Company Letter Head

Documents

Additional Documents

Bank Letter Confirming Account Number

Certificate Of Insurance

Company Letter Head

Evidence Of FCPA Compliance

Factor & Supplier Relationship Letter

Indemnification Agreement

Packing List Sample

PR Waiver

Product Liability

QA Agreement

Signed MSA

Signed NDA

Store Brand Agreement

Supplier Contract/Purchase Agreement

Vendor Profile Letter

W-8 Or W-9

Save

Submit

Clone Supplier

## Description / Steps

The “Documents” worksheet identifies required documents that must be uploaded to CVS to activate a new supplier.

The required documents are identified by Category Management and listed in the “Required Documents” section on the left

## Tips

The next page will provide guidance on uploading required documents

# Supplier Self Onboarding – upload required documents

## Documents

**Supplier**  
**TEST SUPPLIER** SUPPLIER PROFILE • ID: Supplier-17908912  
 CVS Reference ID: • Status: Pre-Active • Pay Name: TEST SUPPLIER • PO Name: TEST SUPPLIER • Primary Category: 04-ORAL HYGIENE • Type: Merchandise Warehouse • Sub Type: Domestic

Supplier Overview Address Payment & Banking Supply Chain Ship Lane Compliance EDI Contact Documents Ownership

▼ Required Documents

Required Documents	Certificate Of Insurance
	W-8 Or W-9
	Company Letter Head

▼ Documents

- Additional Documents
- Bank Letter Confirming Account Number
- Certificate Of Insurance
- Company Letter Head
- Evidence Of FCPA
- Factor & Supplier
- Indemnification Agreement
- Packing List Sample
- PR Waiver
- Product Liability

1. Click the “plus” icon next to the document type.

2. Select “Upload and insert asset” option.

3. Click the “Choose File” option.

Select file

Classification Supplier-70752 Assets

File  No file chosen

Save Submit Clone Supplier

## Description / Steps

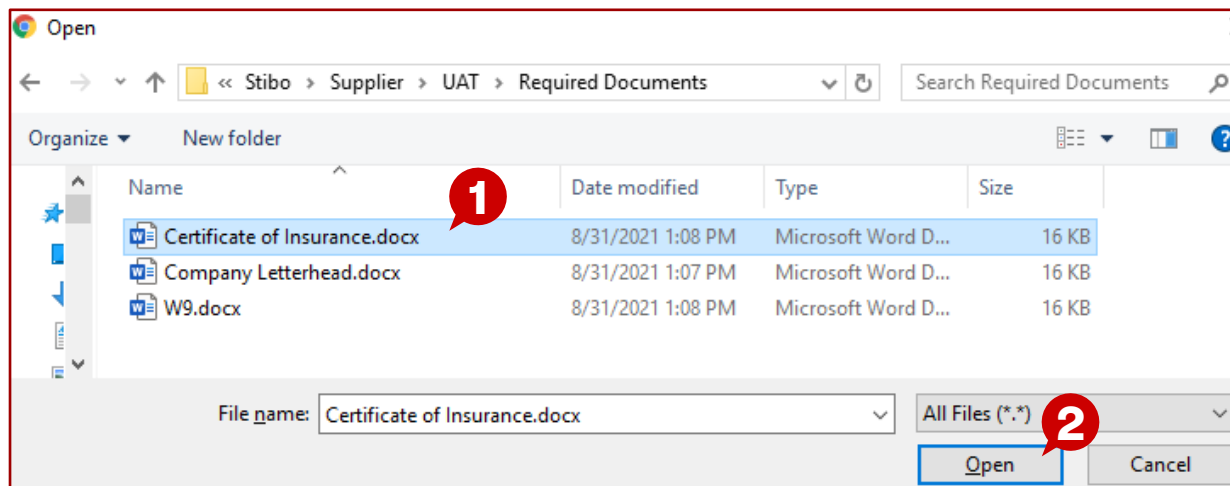
1. For each required document, one at a time, click the “plus” icon
2. Select “Upload and insert asset” option
3. Click the “Choose File” option

## Tips

The next page will provide continued guidance on uploading required documents

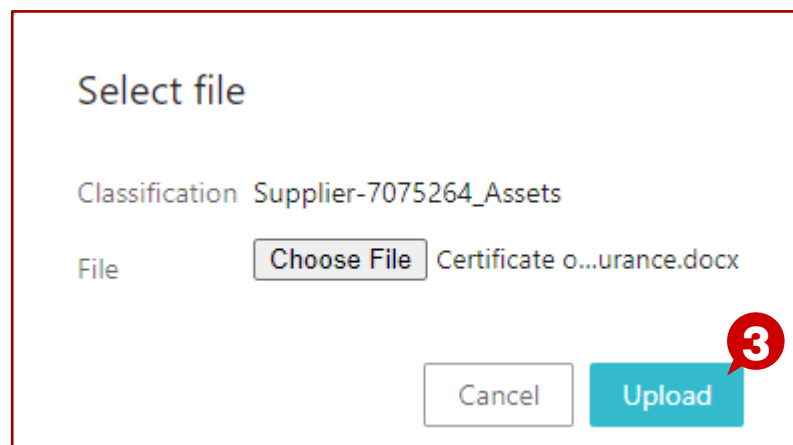
# Supplier Self Onboarding – upload required documents

## Documents



## Description / Steps

1. Browse for the document on your local computer or company's network to upload and select it
2. Click the “Open” option
3. Click “Upload”

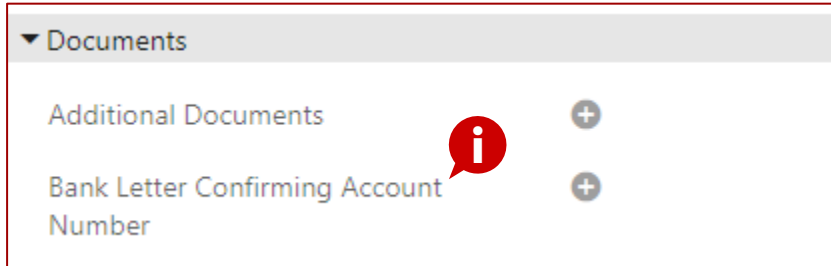


## Tips



# Supplier Self Onboarding – Bank Letter

## Documents – Bank Letter Confirming Account number



## Description / Steps

Suppliers that are ACH Capable are required to upload the document – ‘Bank Letter Confirming Account Number’.

- Bank letter must be:
  - on the bank letter head.
  - dated within 1 year of current date
  - signed by the bank agent
- Bank letter must contain following details:
  - ABA #
  - Account # **(the Account # on the bank letter must match the Account# entered in Stibo)**
  - Account holder name

## Tips

Non compliance to bank letter requirements will lead to the profile not being approved by CVS AP Team and therefore will delay vendor onboarding

The next page will provide guidance on the “Ownership” worksheet

# Supplier Self Onboarding

## Ownership

Supplier

TEST SUPPLIER SUPPLIER PROFILE • ID: Supplier-17908912  
CVS Reference ID: • Status: Pre-Active • Pay Name: TEST SUPPLIER • PO Name: TEST SUPPLIER • Primary Category: 04-ORAL HYGIENE • Type: Merchandise Warehouse • Sub Type: Domestic

Supplier Overview

Address

Payment & Banking

Supply Chain

Ship Lane

Compliance

EDI

Contact

Documents

Ownership

▼ Buyer

↶

Clear all filters

↶	Code	Name	DMM	VPMM
1		THOMAS SULLIVAN	STEVE DIVIRGILIO	MALY BERNSTEIN

Number of items: 1

▶ Save

Submit

▶ Clone Supplier

## Description / Steps

The “Ownership” worksheet is for reference only and will provide the names of the:

- Category Manager
- Divisional Merchandise Manager
- Vice President Merchandise Manager

## Tips

The next page will provide guidance to “Submit” the information for CVS Health’s review

# Supplier Self Onboarding – “Submit”

## SUBMIT

Supplier

TEST SUPPLIER SUPPLIER PROFILE • ID: Supplier-17908912  
CVS Reference ID: • Status: Pre-Active • Pay Name: TEST SUPPLIER • PO Name: TEST SUPPLIER • Primary Category: 04-ORAL HYGIENE • Type: Merchandise Warehouse • Sub Type: Domestic

Supplier Overview Address Payment & Banking Supply Chain Ship Lane Compliance EDI Contact Documents Ownership

▼ Buyer

Clear all filters

Code	Name	DMM	VPMM
1	THOMAS SULLIVAN	STEVE DIVIRGILIO	MALY BERNSTEIN

Number of items: 1

Have You Reviewed all the information after clicking the save button ?

Submit message

Cancel OK

1

2

Save Submit Clone Supplier

## Description / Steps

When all required entries have been completed:

1. Click “Submit”
2. Click “OK”

## Tips

The next page will provide guidance if information was not provided

# Supplier Self Onboarding – Missing one piece of information

## SUBMIT

Supplier-17908912 • Test Supplier • English US • Main

**Supplier**  
TEST SUPPLIER  
SUPPLIER PROFILE • ID: Supplier-17908912  
CVS Reference ID: • Status: Pre-Active • Pay Name: TEST SUPPLIER • PO Name: TEST SUPPLIER

1 **TEST SUPPLIER**  
Submit error: Reference Remit/Pay Address is mandatory for TEST SUPPLIER

Supplier Overview Address Payment & Banking **Supply Chain** Ship Lane Compliance EDI Contact Documents Ownership

**Details**

\* Do you plan to offer Saleable products to CVS?

RX DEA Number

List 1 Chemical DEA#

Damage Disposition Code

Damage Payment Type

Return Handling Fees 0.36

**Freight Terms**

Please confirm your choice by double-clicking and selecting "Y" on the CHOICE box against the Term.

If the offered Freight terms are not the agreed Freight terms, please reach out to the Category Manager on the CVS team

Clear all filters

Choice	Name
Y	Prepaid

Number of items: 1

Preferred Freight Terms

Save Submit Clone Supplier

## Description / Steps

*If information was not provided prior to clicking "Submit" you will be alerted to the information to provide*

- If only one piece of information is missing it will indicate the requirement on the main screen*

## Tips

*The next page will provide guidance on missing multiple pieces of information*

### Description / Steps

*If information was not provided prior to clicking "Submit" you will be alerted to the information to provide*

1. *If multiple pieces of information are missing it will display a warning*
2. *Select “Click for details”*
3. *Clicking the “bell” or the “Click for details” will display the messages for correction*

## Tips

*If the messages are being displayed, clicking the “bell” will hide the messages*

*The next page will provide guidance on a successful submission*

# Supplier Self Onboarding – “Submit” Successful

## SUBMIT

The screenshot displays the STEP Web UI interface. At the top right, it shows 'Supplier-17908912 • Test Supplier • English US'. A modal window titled 'Submit' is open, displaying the message 'Item was successfully submitted.' with a close button (X). A red circle with the number '1' points to this modal. Below the modal, the 'New Supplier Onboarding' section is visible, showing a table with the following data:

Task	Count
One Time Agent Verifica...	0
Supplier Self OnBoarding	0
Total	0

A red circle with the number '2' points to the '0' value in the 'Supplier Self OnBoarding' row. Other sections visible include 'Links', 'Clarification Workflow', and 'Manage Your Account'.

## Description / Steps

*When all required entries have been completed and the new supplier has successfully submitted the self onboarding:*

1. *“Item was successfully submitted” message presented*
2. *“Supplier Self Onboarding” has zero tasks to be performed*

## Tips

*A workflow notification will be sent to the Category Manager to either:*

- *Approve the self onboarding information*
- *Review and indicate updates that are required before it can be approved*

**New Supplier:  
Clarify Process**

# Supplier Self Onboarding – Clarify process

## Additional Information needed - Comments

**From:** CVSHealth@cloudmail.stibo.com <CVSHealth@cloudmail.stibo.com>

**Subject:** [EXTERNAL] CVS Health - Supplier registration updates needed

\*\*\*\* External Email - Use Caution \*\*\*\*

Hi Test Supplier,

1

One or more supplier attributes requires your attention. Please login using your Stibo credentials and update your information.

URL Details: [https://cvs-production.scloud.stibo.com/webui/WEBUI\\_CVSSupplierPortal](https://cvs-production.scloud.stibo.com/webui/WEBUI_CVSSupplierPortal) \*Requires Google Chrome (Preferred), Microsoft Edge or Mozilla Firefox browser

Thanks,

CVS Team

\*\*\*Important: This is a system-generated notification. Please do not reply this email.

## Description / Steps

1. Example of email sent to supplier indicating clarification is needed to “Approve”

## Tips

Login and provide updates based on the comments from the Category Manager



# Supplier Self Onboarding – Clarify process

## Welcome to the STEP Web UI

Welcome to the STEP Web UI

Supplier-17908912 • Test Supplier

### Links

- [Supplier self onboarding process guidelines](#)
- [Link to CVSSupplier.com](#)
- [Advanced Search](#)

### New Supplier Onboarding

One Time Agent Verifica...	0
Supplier Self OnBoarding	1
Total	1

### New Agent Onboarding

One time Agent Verifica...	0
----------------------------	---

### Supplier Maintenance

Maintain Supplier Data	0
------------------------	---

### Clarification Workflow

Review	0
--------	---

### Manage Your Account

Logged in:  
TEST SUPPLIER

[User Details](#)

Logout

## Description / Steps

1. Click “Supplier Self Onboarding” within the New Supplier Onboarding section

## Tips

The number next to the Supplier Self Onboarding option indicates that there is 1 task to perform

# Supplier Self Onboarding – Clarify process

## Supplier Creation – Supplier Self Onboarding

Supplier Creation - Supplier Self OnBoarding - Available

Clear all filters

ID	Supplier Name	Supplier Type	Supplier Sub Type	Status of Registration	Initiated By	Team Name	Date Of Entry	No Of days In Queue
<a href="#">Supplier-17908912</a>	TEST SUPPLIER	Merchandise Warehouse	Domestic	Pending Supplier Response	Test Supplier	Supplier	Mon Jan 03 2022 11:15:41 GMT-0500 (EST)	3 min

## Description / Steps

- Click the “Supplier-#####” hyperlink

## Tips

The next page will provide continued guidance to continue the Supplier Self Onboarding process

# Supplier Self Onboarding – Clarify process

## Supplier Creation – Review comments

**Supplier**  
**TEST SUPPLIER** SUPPLIER PROFILE • ID: Supplier-17908912  
 CVS Reference ID: • Status: Pre-Active • Pay Name: TEST SUPPLIER • PO Name: TEST SUPPLIER • Primary Category: 04-ORAL HYGIENE • Type: Merchandise Warehouse • Sub Type: Domestic

Supplier Overview | Address | Payment & Banking | Supply Chain | Ship Lane | Compliance | EDI | Contact | Documents | Ownership

**Details**

\* Supplier Name: TEST SUPPLIER  
 Name of the Supplier that might appear on the Purchase Order or Remittance

\* Supplier Type: Merchandise Warehouse  
 Status: Pre-Active

\* Supplier Sub Type: Domestic

PO Name: TEST SUPPLIER

\* Pay Name: TEST SUPPLIER  
 Name of the Pay Supplier

DBA: TEST SUPPLIER  
 Doing Business As- Informational Only

\* Legal Status: C-Corporation  
 The field defines the legal status of the supplier's company.

\* Product/Service Description: Oral Care Products  
 Please provide a brief description about the Product & Services that you plan to offer to CVS

Supplier Status Date: 03-Jan-2022

\* Is this Supplier onboarding due to Merger? N

\* Supplier Manages Data: Y

Parent Supplier: N

CVS Comments: Please add EDI Transmission Contact

Supplier Comments: 1

**Category**

Clear all filters

	Code
	04
	71

Number of items: 2

**Pay Supplier**

Select all Clear

	Supplier
<input type="checkbox"/>	

Number of items: 1; Selected items: 1

Do you want to copy Pay Supplier Pay Name as PayName?

2

Save Submit Clone Supplier

## Description / Steps

1. Scroll to the bottom of the page and review the “CVS Comments” and make the requested changes
2. New Supplier can send comments back to CVS

## Tips

Based on the comments, update the requested information.

When update has been made, click “Save”

After clicking “Save” then click “Submit”

**New Supplier:  
Cloning the attributes of an  
existing supplier**

# Supplier Self Onboarding

## Welcome to the STEP Web UI

Supplier-17908912 • Test Supplier

Welcome to the STEP Web UI

Links

[Supplier self onboarding process guidelines](#)
[Link to CVSSupplier.com](#)
[Advanced Search](#)

Manage Your Account

Logged in:

TEST SUPPLIER

User Details

Logout

New Supplier Onboarding

1

One Time Agent Verifica...

0

Supplier Self OnBoarding

1

Total

1

New Agent Onboarding

One time Agent Verifica...

0

Supplier Maintenance

Maintain Supplier Data

0

Clarification Workflow

Review

0

## Description / Steps

- Click “Supplier Self Onboarding” within the New Supplier Onboarding section


## Tips

The number next to the Supplier Self Onboarding option indicates that there is 1 task to perform

# Supplier Self Onboarding – “Clone Supplier”

## Supplier Creation – Supplier Self Onboarding

Supplier Creation - Supplier Self OnBoarding - Available

 Clear all filters

	ID	Supplier Name	Supplier Type	Supplier Sub Type	Status of Registration	Initiated By	Team Name	Date Of Entry	No Of days In Queue
	<a href="#">Supplier-19330907</a>	TEST CLONE SUPPLIER	Merchandise Warehouse	Domestic	Pending Supplier Response	RPDM CM 1	CVS Internal Team	Wed Jan 19 2022 11:10:56 GMT-0500 (EST)	0 min

## Description / Steps

1. Click the “Supplier-#####” hyperlink

## Tips

### Best Practices for cloning a supplier:

- Select a supplier that is **NOT** a Pay Supplier to clone
- Select a supplier whose attributes are complete and accurate and most closely matches the new supplier’s attributes

# Supplier Self Onboarding – “Clone Supplier”

## Supplier Overview

**Supplier**  
**TEST CLONE SUPPLIER** SUPPLIER PROFILE • ID: Supplier-19330907  
 CVS Reference ID: • Status: Pre-Active • Pay Name: TEST CLONE SUPPLIER • PO Name: TEST CLONE SUPPLIER • Primary Category: 01-PAIN RELIEVERS • Type: Merchandise Warehouse • Sub Type: Domestic

Supplier Overview <sup>2</sup> Address Payment & Banking Supply Chain <sup>1</sup> Ship Lane Compliance <sup>4</sup> EDI <sup>1</sup> Contact Documents Ownership

**Details**

\* Supplier Name: TEST CLONE SUPPLIER  
 Name of the Supplier that might appear on the Purchase Order or Remittance

\* Supplier Type: Merchandise Warehouse  
 Status: Pre-Active

\* Supplier Sub Type: Domestic

PO Name: TEST CLONE SUPPLIER

\* Pay Name: TEST CLONE SUPPLIER  
 Name of the Pay Supplier

DBA: TEST CLONE SUPPLIER  
 Doing Business As- Informational Only

\* Legal Status:   
 The field defines the legal status of the supplier's company.

\* Product/Service Description:   
 Please provide a brief description about the Product & Services that you plan to offer to CVS

Supplier Status Date: 19-Jan-2022

\* Is this Supplier onboarding due to Merger? N

\* Supplier Manages Data: Y

Parent Supplier: N

CVS Comments:   
 Supplier Comments:   
<sup>4</sup>

**Category**

Clear all filters

**Clone From Supplier**

Reference Type: Supplier to Clone <sup>2</sup>

Reference Target: TEST SUPPLIER (Supplier-17908912) <sup>3</sup>

Cancel OK

Number of items: 0; Selected items: 0

Do you want to copy Pay Supplier's Pay Name as PayName?   
**Clone Supplier** <sup>1</sup>

Select all Clear all filters Clone From Supplier Remove Reference

Supplier Reference	Name
No existing records	

Number of items: 0; Selected items: 0

Save Submit Clone Supplier <sup>4</sup>

## Description / Steps

If you have access to another supplier number (**Not a Pay Supplier**) you may “Clone” the attributes of another supplier to save time onboarding

1. Click “Clone From Supplier”
2. Enter Supplier Name that is to be cloned
3. Click OK
4. Click “Clone Supplier”

## Tips

The next page will provide continued guidance to “Clone” the attributes of another supplier

# Supplier Self Onboarding – “Clone Supplier”

## Supplier Overview

Supplier

TEST CLONE SUPPLIER

SUPPLIER PROFILE • ID: Supplier-19330907

CVS Reference ID : • Status : Pre-Active • Pay Name : TEST SUPPLIER • PO Name : TEST SUPPLIER Name Change • Primary Category : 04-ORAL HYGIENE • Type : Merchandise Warehouse • Sub Type : Domestic

Supplier Overview

Address

Payment & Banking

Supply Chain

Ship Lane

Compliance

EDI

Contact

Documents

Ownership

Details

Supplier Name

TEST CLONE SUPPLIER

Name of the Supplier that might appear on the Purchase Order or Remittance

Supplier Type

Merchandise Warehouse

Status

Pre-Active

Supplier Sub Type

Domestic

PO Name

TEST SUPPLIER Name Change

Pay Name

TEST SUPPLIER

Name of the Pay Supplier

DBA

TEST SUPPLIER

Doing Business As- Informational Only

Legal Status

C-Corporation

The field defines the legal status of the supplier's company.

Product/Service Description

Oral Care Products

Please provide a brief description about the Product & Services that you plan to offer to CVS

Supplier Status Date

03-Jan-2022

Is this Supplier onboarding due to Merger?

N

Supplier Manages Data

Y

Parent Supplier

N

CVS Comments

Supplier Comments

Category

Clear all filters

Code	Name	Is Primary ?
01	PAIN RELIEVERS	Y

Number of items: 1

Pay Supplier

Select all

Clear all filters

Add Pay Supplier

Remove Pay Supplier

Supplier Reference	Name
<input type="checkbox"/> 38340	TEST SUPPLIER

Number of items: 1; Selected items: 0

Do you want to copy Pay Supplier's Pay Name as PayName?

Clone Supplier

Select all

Clear all filters

Clone From Supplier

Remove Reference

Supplier Reference	Name
<input type="checkbox"/> TEST SUPPLIER	38340

Number of items: 1; Selected items: 0

Save

Submit

Clone Supplier

## Description / Steps

All of the information from the cloned supplier has populated across all worksheets

1. PO Name – this should be **renamed** as the Supplier Name
2. Pay Name – this should remain as the associated Pay Name
3. DBA – this should be **renamed** as the Supplier Name
4. Product/Service – this should be **changed** to reflect the new supplier's products

## Tips

Any attribute can be updated from the “cloned” version (**Reviewing all attributes before submission is strongly encouraged**)

The following pages indicate attributes that require confirmation before submission



# Supplier Self Onboarding – Payment & Banking

## Supplier Overview

Supplier

TEST CLONE SUPPLIER

SUPPLIER PROFILE

ID: Supplier-19330907

CVS Reference ID :

Status : Pre-Active

Pay Name : TEST SUPPLIER

PO Name : TEST SUPPLIER Name Change

Primary Category : 04-ORAL HYGIENE

Type : Merchandise Warehouse

Sub Type : Domestic

Supplier Overview

Address

Payment & Banking

Supply Chain

Ship Lane

Compliance

EDI

Contact

Documents

Ownership

Details

NOTE : If factor company or different pay supplier is linked then Payment Type ,EDI Invoicing and Banking Attributes will be inherited from linked pay supplier or factor company on click of Save or Submit

EDI Invoicing

N

EDI Begin Date

Are you a Supplier providing alcohol products to CVS using this new Supplier number?

N

Do you want Pcard capability for Payments?

N

Payment Type

Bank Open Account

Are you ACH Capable?

N

Payment Terms

Please confirm your choice by double-clicking and selecting "Y" on the CHOICE box against the Term.

If the offered Payment terms are not the agreed payment terms, please reach out to the Category Manager on the CVS team

Clear all filters

Choice	Name	Short Desc	Discount %	Due Days	Net Days
Y	N75 DAYS	75	0.000	000	75
	2% DSC IN 40 DAYS; N41	24041	2.000	040	41

Number of items: 2

Preferred Payment Terms

Factor Supplier

Do you use a Factor Company for processing your payments?

N

Save

Submit

Clone Supplier

## Description / Steps

1. A Payment Term must be confirmed

## Tips

Any attribute can be updated from the “cloned” version

The following pages indicate attributes that require confirmation before submission

# Supplier Self Onboarding – Supply Chain

## Supplier Overview

**Supplier**  
**TEST CLONE SUPPLIER** SUPPLIER PROFILE • ID: Supplier-19330907  
 CVS Reference ID : • Status : Pre-Active • Pay Name : TEST SUPPLIER • PO Name : TEST SUPPLIER Name Change • Primary Category : 04-ORAL HYGIENE • Type : Merchandise Warehouse • Sub Type : Domestic

Supplier Overview Address Payment & Banking **Supply Chain** Ship Lane Compliance EDI Contact Documents Ownership

▼ Details

\* Do you plan to offer Saleable products to CVS ?

RX DEA Number

List 1 Chemical DEA#

Damage Disposition Code

Damage Payment Type

Return Handling Fees

▼ Freight Terms

Please confirm your choice by double-clicking and selecting "Y" on the CHOICE box against the Term.

If the offered Freight terms are not the agreed Freight terms, please reach out to the Category Manager on the CVS team

Clear all filters

Choice	Name
<input type="text" value="Y"/>	Prepaid

Number of items: 1

Preferred Freight Terms

▶ Save Submit ▶ Clone Supplier

## Description / Steps

1. A Freight Term must be confirmed

## Tips

Any attribute can be updated from the “cloned” version

The following pages indicate attributes that require confirmation before submission

# Supplier Self Onboarding – Submit

## Supplier Overview

**Supplier**  
**TEST CLONE SUPPLIER** SUPPLIER PROFILE • ID: Supplier-19330907  
 CVS Reference ID: • Status: Pre-Active • Pay Name: TEST SUPPLIER • PO Name: TEST SUPPLIER Name Change • Primary Category: 04-ORAL HYGIENE • Type: Merchandise Warehouse • Sub Type: Domestic

Supplier Overview Address Payment & Banking **Supply Chain** Ship Lane Compliance EDI Contact Documents Ownership

▼ Details

\* Do you plan to offer Saleable products to CVS?

RX DEA Number

List 1 Chemical DEA#

Damage Disposition Code

Damage Payment Type

Return Handling Fees 0.47

▼ Freight Terms

Please confirm your choice by double-clicking and selecting "Y" on the CHOICE box against the Term.

If the offered Freight terms are not the agreed Freight terms, please reach out to the Category Manager on the CVS team

Clear all filters

Choice	Name
<input type="text" value="Y"/>	Prepaid

Collect

Please click OK if you have reviewed all information and ready to Submit.

Submit message

Cancel OK

1

2

Save Submit Clone Supplier

## Description / Steps

1. After all information has been updated / reviewed click "Submit"
2. A message will appear and click "OK"

## Tips

Supplier has been submitted to CVS for review and approval

**Supplier:  
Data Enrichment &  
Maintenance**

# Supplier Data Maintenance

## Stibo Home Screen

Welcome to the STEP Web UI

Links

[Supplier self onboarding process guidelines](#)  
[Link to CVSSupplier.com](#)  
[Advanced Search](#)

New Supplier Onboarding

One Time Agent Verific...	0
Supplier Self OnBoarding	0
Total	0

New Agent Onboarding

One time Agent Verifica...

0

Supplier Maintenance

Maintain Supplier Data

1

## Description / Steps

Upon login the user will be in the Stibo home screen. If CVS Health has made a change that requires attention, it will be in the “Supplier Maintenance” workflow

1. Click “Maintain Supplier Data”

## Tips

Please refer **Stibo - Training Document for Supplier Maintenance.pdf** on CVSSuppliers.com for detailed supplier maintenance instructions

### Description / Steps

*Comments will indicate what has changed and the supplier will be asked to acknowledge the change. Additionally, comments can be sent back to CVS Health*

- *Based on the comment, supplier can review the change in the appropriate worksheet*
1. *Double click the Acknowledgement and select “Y” or “N”*
  2. *Enter supplier comments (**optional**)*
  3. *“Submit” acknowledgement / comments*

## Tips

Please refer **Stibo - Training Document for Supplier Maintenance.pdf** on [CVSSuppliers.com](http://CVSSuppliers.com) for detailed supplier maintenance instructions