



Supplier Portal Security Authorization Form

The CVS Supplier Portal is the website you, as a CVS Supplier, will use to access and maintain pricing information and to review invoices. To ensure the security of this site, CVS maintains stringent policies and standards related to access rights. Please provide us with the below requested information. CVS will not grant access rights to the DSD Vendor Portal until a completed form is returned.

You may type your name in the signature boxes which by doing so agree will serve as an electronic signature.

Company Name	
CVS Supplier #	

*CVS Supplier # is a 4-digit code beginning with an alpha character followed by 3 numbers. This is found on any remittance from CVS.

Primary Requestor	
Name	
Phone Number	
Email	
Signature:	signature

Secondary Requestor	
Name	
Phone Number	
Email	
Signature:	signature

*The Primary and Secondary Requestor are authorized individuals at your company responsible for submitting names of approved employees who require access to the CVS Vendor Portal to perform work activities to fulfill this obligation. We request a primary and a backup requestor.

The Requestor is expected to notify CVS of any changes to access rights (e.g. employee with access rights leave the company, request for additional access rights, etc.) via the CVS Supplier Portal Hotline at (401) 770-4410.

Internal Use Only	
CVS Representative Submitting Form & Date	
Qualified Supplier (Yes or No)	
If Not Qualified, State Reason	
Corrected Supplier # (Yes or No)	
New Supplier (Yes or No)	



Access Acknowledgement

In accepting CVS Supplier Portal access, you and your organization agree to the following terms:

- Any and all information, data, applications and computer infrastructure, which you are exposed to, either unintentionally or intentionally, are the property of CVS and is considered confidential.
- An ID and password will be assigned to the person noted below. This ID and its password are for this person only and as such are not to be shared with any other individuals in, or outside your organization.
- Access restrictions are granted based on Authorized Manager requests.
- All downloading or uploading of information must be authorized in advance.
- Probing CVS internal network servers and routers is forbidden.
- Unauthorized access to CVS internal network servers and routers is forbidden.
- Failure to comply with these requirements could result in the following:
 - Voiding of all CVS Contractual obligations.
 - Loss of remote access privileges.
 - Criminal and/or Civil Action against you and your organization.

The below listed individuals will access and utilize the CVS Supplier Portal to manage pricing and/or research invoice data.

Last Name	First Name	M. Initial	Phone Number	Email	Role (Options Below)	Signature User Agrees to CVS Access Acknowledgement
						signature
						signature
						signature
						signature
						signature
						signature
						signature
						signature
						signature

Role Options:

- 1 – Cost Management
- 2 – Invoice Inquiry
- 3 – Cost Management & Invoice Inquiry

You will be notified of your ID and password within 2 weeks of form submission.

For questions, please call the CVS Supplier Portal Hotline at (401) 770-4410.

Please continue to the DEX Questionnaire on the following page if attached.

To SUBMIT FORM, please click on Submit Form button in upper right hand corner or email the saved & completed PDF to DSDVndrCorrespondence@CVSCaremark.com



DEX Questionnaire

Please provide us with the information requested below:

Vendor DEX Information	
Vendor Name	
Vendor #	
Vendor COMM ID (10 digits)	
Vendor DUNS # (9 digits)	
Primary DEX Contact Information	
Name	
Phone Number	
Email	

Are your drivers DEX capable? YES NO

If yes, your drivers are DEX capable please continue with the rest of the questionnaire. If no, your drivers are NOT DEX capable, you may skip the rest of the questionnaire and submit the form.

If YES your drivers are DEX capable, please provide your current UCS version: _____

If YES your drivers are DEX capable, do they deliver to another CVS location where they are able to DEX successfully? YES NO

If YES, your drivers DEX successfully at another CVS location, please provide:

CVS Store #			
Address			
City		State	
Date of Recent Delivery			

If NO your drivers are DEX capable but do not currently deliver to another CVS location, please complete the information requested below providing your preferred CVS store to test at so the DEX certification process can begin:

CVS Store #			
Address			
City		State	

During the test, please submit:

- At least 5 valid UPCs that are accepted by CVS during DSD delivery & if supported various units of measure
- Items with allowance codes (if applicable, be sure allowance codes validate)

The test can be done during a regular delivery as long as the driver is able to wait a few minutes to give us time to troubleshoot if there are any issues.

You will need the following CVS information:

Comm. ID: **6138950000** DUNS Number: **001786664** UCS Version: **004010UCS**

Additional DEX information can be found at the [CVS Suppliers website](http://www.cvssuppliers.com/) (<http://www.cvssuppliers.com/>)

in the [Download Library](http://www.cvssuppliers.com/download_all) (http://www.cvssuppliers.com/download_all):

[DEX/UCS Template](http://www.cvssuppliers.com/sites/suppliers.sub.cvsc.addventures.com/files/Vendor%20DEX%20Template.pdf) - <http://www.cvssuppliers.com/sites/suppliers.sub.cvsc.addventures.com/files/Vendor%20DEX%20Template.pdf>

[DEX/UCS Usage Guidelines](http://www.cvssuppliers.com/sites/suppliers.sub.cvsc.addventures.com/files/DEX%20Usage%20Guidelines.pdf) - <http://www.cvssuppliers.com/sites/suppliers.sub.cvsc.addventures.com/files/DEX%20Usage%20Guidelines.pdf>

To SUBMIT FORM, please click on Submit Form button in upper right hand corner or email the saved & completed PDF to DSDVndrCorrespondence@CVSCaremark.com