

**New Supplier:
Self On-Boarding**

New Supplier: Self On-Boarding



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 John Smith,

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

Username: JSMITH

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

URL Details: https://cvs-test.scloud.stibo.com/webui/WEBUI_CVSSupplierPortal

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 John Smith,

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

Password: cNiZrZaqVff

Verification Token : 726557555

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

URL Details: https://cvs-test.scloud.stibo.com/webui/WEBUI_CVSSupplierPortal

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 the Stibo Systems login interface. The browser address bar is highlighted with a red circle and the number 1. The page features the Stibo Systems logo and the text 'MASTER DATA MANAGEMENT'. Below this, the heading 'STEP managed user log in' is followed by the instruction 'Please log in using the form'. There are two input fields: 'Username' with the value 'JSMITH' (marked with a red circle and number 2) and 'Password' with masked characters (marked with a red circle and number 3). A link for 'Forgot STEP password' is located below the password field. A teal 'Log In' button (marked with a red circle and number 4) is positioned to the right of the password field. Below the login form, the text 'IDP managed user log in' and 'Azure-SAML' are visible. The footer contains the text 'Powered by Stibo Systems | Copyright © 2021 Stibo Systems, Inc. All rights reserved.'

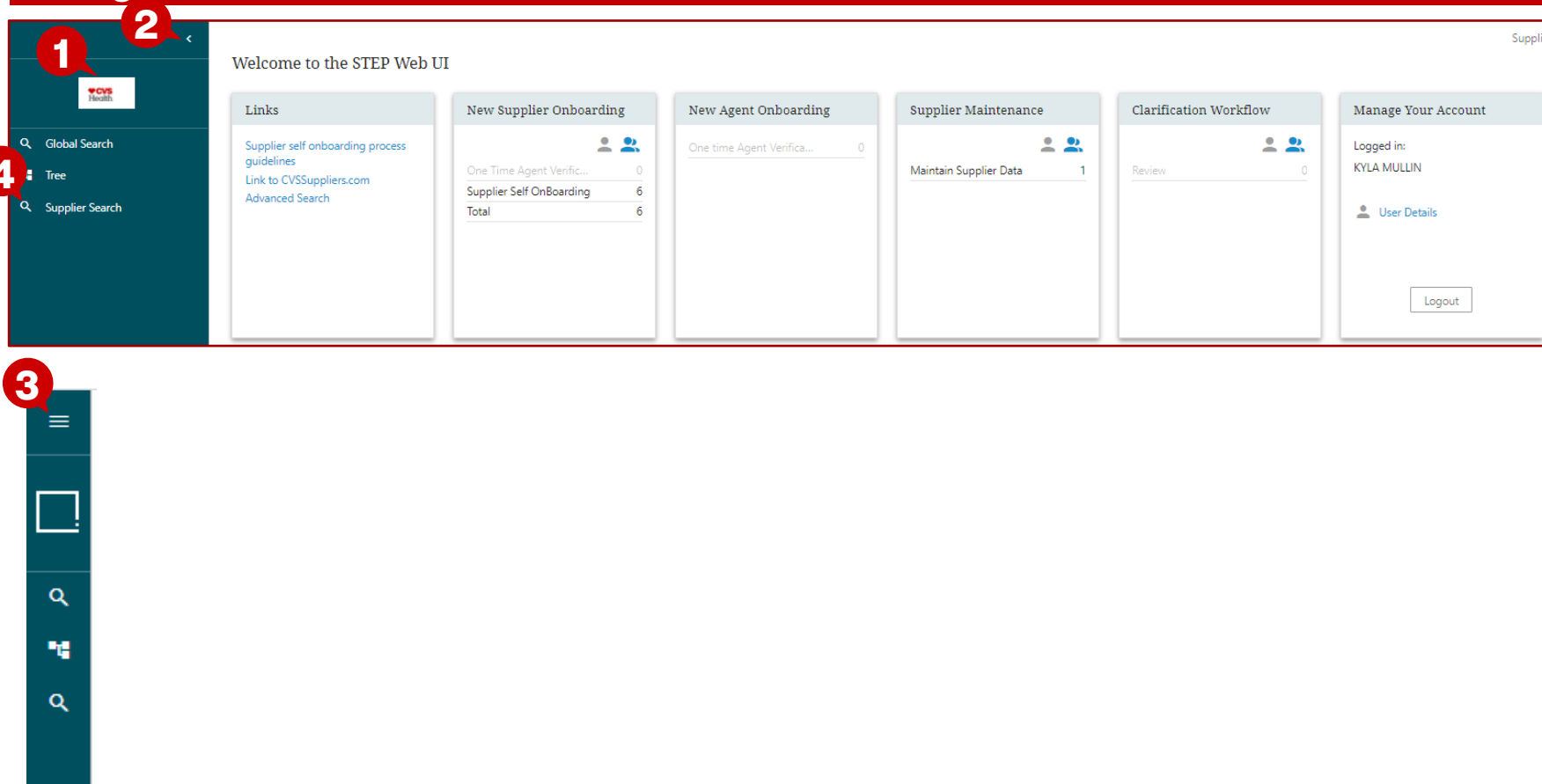
Description / Steps

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

Tips

STIBO – Navigation Overview

Navigation – Tool Bars



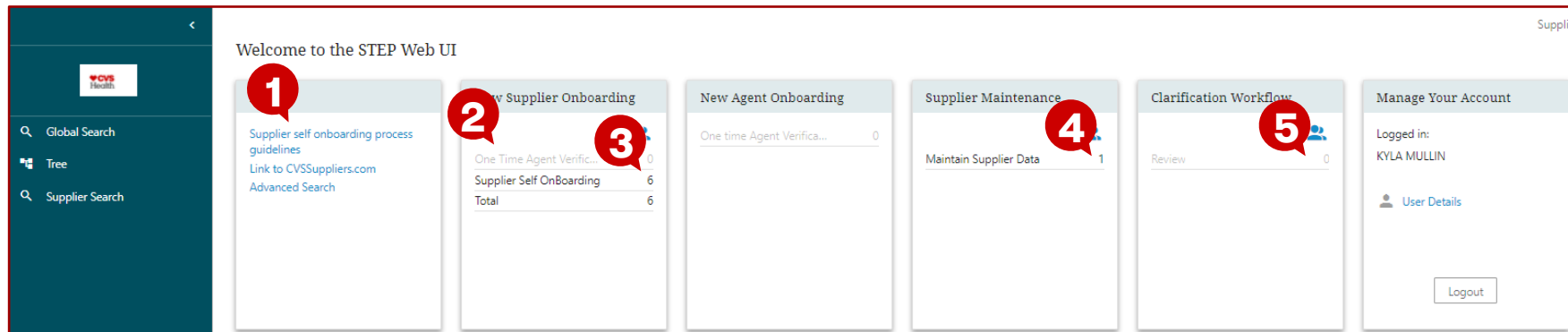
Description / Steps

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

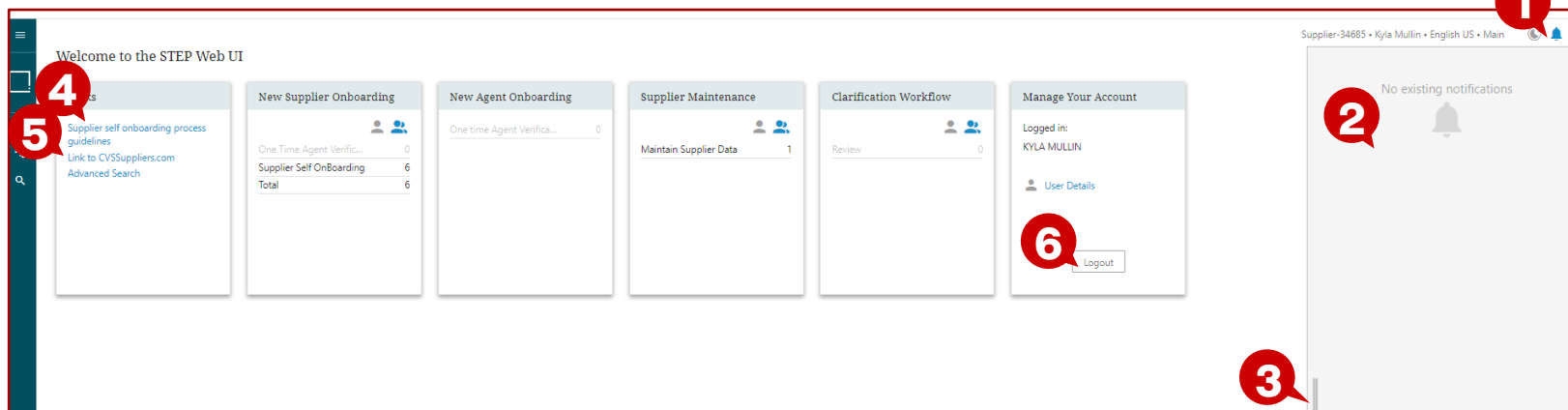
1. Self onboarding training documents
2. One Time verification – first time sign in only
3. Self Onboarding to complete
4. Supplier Maintenance to complete
5. Clarification workflow

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

Password Change

Welcome to the STEP Web UI

Welcome to the STEP Web UI

The screenshot displays the STEP Web UI home screen with the following sections:

- Links:** Supplier self onboarding process guidelines, Advanced Search
- New Supplier Onboarding:** One Time Agent Verific... 1, Supplier Self OnBoarding 0, 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: JOHN SMITH, User Details (highlighted with a red circle and number 1), Logout

Description / Steps

Upon login the user will be in the Stibo home screen

1. Click "User Details" within the Manage Your Account option

Tips

Password Change

User Details

User Details

User ID JSMITH

* Email Address **1**

Old password **2**

New password **3**

Repeat new password **3**

4

Description / Steps

1. Enter temporary password from email
2. Enter new password of your choice
3. Reenter new password of your choice
4. Click "Save"

Tips

Password should follow strong password guidelines:

- A minimum of 8 characters
- Contain at least 1 Alpha Character
- Contain at least 1 Number
- Contain at least 1 special character

Password Change – Log out & Log in with new password

User Details

User Details

User ID

JSMITH

* Email Address

Test_Products@yahoo.com

Old password

New password

Repeat new password

Please close this screen. Log out of the CVS Supplier Portal and log back in with your new password. You can also refresh the screen you were in on the Portal to continue

X

```
<!DOCTYPE html><html><head></head><body><script>var cbs=btoa(window.location.hash);window.location.href="https://auth.mdm.stibosystems.com/auth/realms/cvs-test/protocol/openid-connect/auth?response_type=code&client_id=Step&state=b9eb35ca-717c-48a1-825d-f1076e77ed69&login=true&scope=openid&redirect_uri=https%3A%2F%2Fcvb-test.scloud.stibo.com%2Fwebui%2Fframeworkservice?clientBrowserState%3D"+cbs;</script></body></html>
```

X

Description / Steps


After successfully changing your password – you will be prompted to log out and log back in with new password

1. Close pop-up boxes

Tips

The next page will provide guidance to log out

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 CVS Health.

Log Out

User Settings

The screenshot shows the STEP Web UI with a dark teal sidebar. A red circle with the letter 'A' points to the sidebar menu icon. A modal window titled 'User Settings' is open, showing the user's profile for John Smith. A red circle with the number '3' points to the 'Log Out' link in the user profile section. A red circle with the number '2' points to the 'User Settings' link in the sidebar. The modal also displays a list of suppliers with 'TEST PRODUCT' selected and a list of locales including Chinese, Danish, English (UK and US), Finnish, French, German, Italian, Japanese, Korean, Norwegian, Portuguese, Spanish, and Swedish.

Description / Steps

1. Ensure the navigation pane on the left is open.

A. If not open, click the “three lines” option to open

2. Click “User Settings”

3. Click “Log Out”

Tips

User Login

User Login

The screenshot shows the Stibo Systems login interface. The background is a futuristic, curved architectural structure with glowing blue and orange lines. The Stibo Systems logo is in the top right corner. The main heading is "STEP managed user log in" with the instruction "Please log in using the form". There are two input fields: "Username" with the value "JSMITH" and "Password" with masked characters. A "Forgot STEP password" link is below the password field. A "Log In" button is to the right of the password field. Below these is the "IDP managed user log in" section with the link "Azure-SAML". At the bottom, it says "Powered by Stibo Systems | Copyright © 2021 Stibo Systems, Inc. All rights reserved.".

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

Description / Steps

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

Tips

One Time Agent Verification

Welcome to the STEP Web UI

Welcome to the STEP Web UI

The screenshot displays the STEP Web UI dashboard with the following sections:

- Links:** Supplier self onboarding process guidelines, Advanced Search.
- New Supplier Onboarding:** One Time Agent Verific... (1), Supplier Self OnBoarding (0), Total (1). A red circle with the number 1 highlights the 'One Time Agent Verific...' link.
- New Agent Onboarding:** One time Agent Verifica... (0).
- Supplier Maintenance:** Maintain Supplier Data (0).
- Clarification Workflow:** Review (0).
- Manage Your Account:** Logged in: JOHN SMITH, User Details, Logout button.

Description / Steps

Upon login the user will be in the Stibo home screen

1. Click "One Time Agent Verification" within the New Supplier Onboarding option



Tips

The next page will provide guidance to verify your access

One Time Agent Verification

Supplier Creation – One Time Agent Verification

Supplier Creation - One Time Agent Verification - Available

	ID	Supplier Name
 Supplier-7075264		TEST PRODUCT

Description / Steps

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

Tips

The next page will provide guidance to verify your access

One Time Agent Verification

Supplier Details

Supplier Details

ID Supplier-7075264

Supplier Name TEST PRODUCT

CVS Recommends Password reset on first login

* Have you changed your password upon first time login? **1** Y

* Verification Token **2** 726557555

3 Verify

Description / Steps

1. Select "Y" from the dropdown (password was changed)
2. Enter Verification Token from email
3. Click "Verify"

Tips

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

Supplier Self Onboarding

Welcome to the STEP Web UI

Welcome to the STEP Web UI

Links

[Supplier self onboarding process guidelines](#)
[Advanced Search](#)

New Supplier Onboarding

One Time Agent Verific...

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:

JOHN SMITH

User Details

Logout

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


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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
	Supplier-7075264	TEST PRODUCT	Merchandise Warehouse	Domestic	Pending Supplier Response

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 PRODUCT SUPPLIER PROFILE • ID: Supplier-7075264

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

3 Supplier Overview **2** Address Contact Payment & Banking **1** Supply Chain **1** Ship Lane Ownership Documents Compliance **5** EDI **2**

Details

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

* Supplier Type Merchandise Warehouse

* Supplier Sub Type Domestic

PO Name TEST PRODUCT

* Pay Name TEST PRODUCT
Name of the Pay Supplier

DBA TEST PRODUCT
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 10-Sep-2021

4 Is this Supplier onboarding due to Merger? N

▶ Save Submit ▶ Clone Supplier

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 Ref...	Name
No existing records	

Number of items: 0; Selected items: 0

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 / tab 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 PRODUCT

SUPPLIER PROFILE

ID: Supplier-7075264

CVS Reference ID :

Status : Pre-Active

Pay Name : TEST PRODUCT

PO Name : TEST PRODUCT

Primary Category : 04-ORAL HYGIENE

Type : Merchandise Warehouse

Sub Type : Domestic

Supplier Overview

Address

Contact

Payment & Banking

Supply Chain

Ship Lane

Ownership

Documents

Compliance

EDI

Details

Supplier Name

TEST PRODUCT

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

Supplier Type

Merchandise Warehouse

Supplier Sub Type

Domestic

PO Name

TEST PRODUCT

Pay Name

TEST PRODUCT

Name of the Pay Supplier

DBA

TEST PRODUCT

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

10-Sep-2021

Is this Supplier onboarding due to Merger?

N

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 Ref...	Name
No existing records	

Number of items: 0; Selected items: 0

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

Tips

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

Supplier Self Onboarding

Supplier Overview - Complete

Supplier

TEST PRODUCT

SUPPLIER PROFILE • ID: Supplier-7075264

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

Supplier Overview

Address

Contact

Payment & Banking

Supply Chain

Ship Lane

Ownership

Documents

Compliance

EDI

Details

Supplier Name

TEST PRODUCT

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

* Supplier Type

Merchandise Warehouse

* Supplier Sub Type

Domestic

PO Name

TEST PRODUCT

Pay Name

TEST PRODUCT

Name of the Pay Supplier

DBA

TEST PRODUCT

Doing Business As- Informational Only

Legal Status

C-Corporation

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

Product/Service Description

Widgets

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

Supplier Status Date

10-Sep-2021

* Is this Supplier onboarding due to Merger?

N

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 Ref...	Name
No existing records	

Number of items: 0; Selected items: 0

Save

Submit

Clone Supplier

Description / Steps

Required entries - Completed:

- 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

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 PRODUCT SUPPLIER PROFILE • ID: Supplier-7075264
 CVS Reference ID: • Status: Pre-Active • Pay Name: TEST PRODUCT • PO Name: TEST PRODUCT • Primary Category: 04-ORAL HYGIENE • Type: Merchandise Warehouse • Sub Type: Domestic

Supplier Overview **Address** Contact Payment & Banking ¹ Supply Chain ¹ Ship Lane Ownership Documents Compliance ⁵ EDI ¹

NOTE: HQ Address, Pay/Remit Address, PO Address & Ship from Address are required to be filled. To re-use a newly entered address, please click SAVE as you go through each address.

▼ HQ Address

☒ Select all ☐ Clear all filters ▶ Create Address ▶ Save ▶ Copy Address from existing Supplier

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

Number of items: 0; Selected items: 0

▼ Remit/Pay Address

NOTE : If factor company or different pay supplier is linked, Remit/Pay Address will be inherited from linked factor company or pay supplier on click of save or submit

Is Same Pay Supplier Linked ? ¹ Y

☒ Select all ☐ Clear all filters ▶ Create Address ▶ Save ▶ Copy Address from existing Supplier

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

Number of items: 0; Selected items: 0

▼ PO Address

▶ Save Submit ▶ Clone Supplier

Description / Steps

Required Addresses:

- HQ (Headquarters)**
- Remit / Pay**
- PO Address**
- Ship From Address**
- 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 Address

Address

Supplier

TEST PRODUCT SUPPLIER PROFILE • ID: Supplier-7075264

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

Supplier Overview **Address** Contact Payment & Banking ¹ Supply Chain ¹ Ship Lane Ownership Documents Compliance ⁵ EDI ¹

NOTE: HQ Address, Pay/Remit Address, PO Address & Ship from Address are required to be filled. To re-use a newly entered address, please click SAVE as you go through each address.

▼ HQ Address

Select all Clear all filters **1** Create Address Add Existing Address Remove Address Save Copy Address from existing Supplier

	Name	*Line 1	Line 2	*City	*Country	*State	*Zip	Zip Extension
<input type="checkbox"/>	1 Main Street, Anytown, RI	1 Main Street		Anytown	United States of America	RI-Rhode Island	02865	

Number of items: 1; Selected items: 0

Description / Steps

1. Click “Create Address”
- Enter street address in “Line 1”
 - Enter City name in “City”
 - Select “Country” from the dropdown
 - Select “State” from the dropdown
 - Enter zip code in “Zip”

Tips

After entering information, the “Name” will populate

Click “Save” in order to use the address for other address types, if applicable

Supplier Self Onboarding – Add Existing Address

Address

Supplier

TEST PRODUCT SUPPLIER PROFILE • ID: Supplier-7075264

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

Supplier Overview **Address** Contact Payment & Banking ¹ Supply Chain ¹ Ship Lane Ownership Documents Compliance ⁵ EDI ¹

NOTE: HQ Address, Pay/Remit Address, PO Address & Ship from Address are required to be filled. To re-use a newly entered address, please click SAVE as you go through each address.

▶ HQ Address

▼ Remit/Pay Address

NOTE : If factor company or different pay supplier is linked, Remit/Pay Address will be inherited from linked factor company or pay supplier on click of save or submit

Is Same Pay Supplier Linked ? ^f Y

☒ Select all ☐ Clear all filters ▶ Create Address ¹ ☒ Add Existing Address ☐

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

Number of items: 0; Selected items: 0

Add Existing Address

Reference Type

Reference Target ²

³

Description / Steps

1. If the address that was previously created applies to other address types and you have clicked “Save”, click “Add Existing Address” (or follow the steps on the prior page to “Create 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 creating / adding addresses for the remaining required address types

When complete, click “Save”

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

Description / Steps

TEST PRODUCT

SUPPLIER PROFILE • ID: Supplier-7075264

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

Supplier Overview

Address

Contact

Payment & Banking

Supply Chain

Ship Lane




Ownership


Documents

Compliance

EDI

NOTE: SALES REPRESENTATIVE, A/R CONTACT & INVENTORY CONTACTS are required to be filled. If applicable, select multiple responsibilities for same Contact

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

	*Responsibility *	*First Name *	*Last Name *	M.I *	*Primary Ph...	*Email *	Cellphone *	Fax *	Extension *	Primary Cont...	Name
<input type="checkbox"/>	SALES REPRESENTATIVE	John	Smith		401-999-9999	Test_Products@yahoo.com				Y	John Smith

Number of items: 1; Selected items: 0

▶ Save Submit ▶ Clone Supplier

Required Contacts (Responsibility):

- *Sales Representative*
- *A/R Contact*
- *Inventory Contacts*
- *EDI 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 new contact / add existing
contact / Copy Contact*

Supplier Self Onboarding – Create New Contact

Contact

Supplier

TEST PRODUCT SUPPLIER PROFILE • ID: Supplier-7075264

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

Supplier Overview Address **Contact** Payment & Banking ¹ Supply Chain ¹ Ship Lane Ownership Documents Compliance ⁵ EDI ¹

NOTE: SALES REPRESENTATIVE, A/R CONTACT & INVENTORY CONTACTS are required to be filled. If applicable, select multiple responsibilities for same Contact

² Select all ¹ Clear all filters ¹ Create New Contact ¹ Add Existing Contact ¹ Remove Contact ¹ Copy Contact

*Responsibility	*First Name	*Last Name	M.I	*Primary Ph...	*Email	Cellphone	Fax	Extension	Primary Cont...	Name
<input type="checkbox"/>									Y	
<input type="checkbox"/> SALES REPRESENTATIVE	John	Smith		401-999-9999	Test_Products@yahoo.com				Y	John Smith

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 Existing Contact"

Supplier Self Onboarding – Add Existing Contact

Contact

Supplier
TEST PRODUCT SUPPLIER PROFILE • ID: Supplier-7075264
 CVS Reference ID : • Status : Pre-Active • Pay Name : TEST PRODUCT • PO Name : TEST PRODUCT • Primary Category : 04-ORAL HYGIENE • Type : Merchandise Warehouse • Sub Type : Domestic

Supplier Overview Address **Contact** Payment & Banking ¹ Supply Chain ¹ Ship Lane Ownership Documents Compliance ⁵ EDI ¹

NOTE: SALES REPRESENTATIVE, A/R CONTACT & INVENTORY CONTACTS are required to be filled. If applicable, select multiple responsibilities for same Contact

☒ Select all ☐ Clear all filters ▶ Create New Contact Add Existing Contact Remove Contact ▶ Copy Contact

•	• *Responsibility •	• *First Name •	• *Last Name •	• M.I •	• *Primary Ph... •	• *Email •	• Cellphone •	• Fax •	• Extension •	• Primary Cont... •	• Name •
<input type="checkbox"/>	A/R CONTACT	Jane	Smith		401-888-8888	Jane.Smith@Test_Products.com				Y	Jane Smith
<input type="checkbox"/>	SALES REPRESENTATIVE	John	Smith		401-999-9999	Test_Products@yahoo.com				Y	John Smith

Number of items: 2; Selected items: 0

Review Functionality before finalizing

▶ Save Submit ▶ Clone Supplier

Description / Steps

1. Click “Add Existing Contact”
2. Double-click in the “Responsibility” field and select the type of contact
3. Click “Save”

Tips

The next page shows the steps to “Copy Contact”

Supplier Self Onboarding – Copy Contact

Contact

Supplier
TEST PRODUCT SUPPLIER PROFILE • ID: Supplier-7075264
 CVS Reference ID : • Status : Pre-Active • Pay Name : TEST PRODUCT • PO Name : TEST PRODUCT • Primary Category : 04-ORAL HYGIENE • Type : Merchandise Warehouse • Sub Type : Domestic

Supplier Overview Address **Contact** Payment & Banking ¹ Supply Chain ¹ Ship Lane Ownership Documents Compliance ⁵ EDI ¹

NOTE: SALES REPRESENTATIVE, A/R CONTACT & INVENTORY CONTACTS are required to be filled. If applicable, select multiple responsibilities for same Contact

☒ Select all ☐ Clear all filters ▶ Create New Contact Add Existing Contact Remove Contact ▶ Copy Contact

	*Responsibility	*First Name	*Last Name	M.I	*Primary Ph...	*Email	Cellphone	Fax	Extension	Primary Cont...	Name
<input type="checkbox"/>	A/R CONTACT	Jane	Smith		401-888-8888	Jane.Smith@Test_Products.com				Y	Jane Smith
<input type="checkbox"/>	SALES REPRESENTATIVE	John	Smith		401-999-9999	Test_Products@yahoo.com				Y	John Smith

Number of items: 2; Selected items: 0

Review Functionality before finalizing

▶ Save Submit ▶ Clone Supplier

Description / Steps

1. Click “Copy Contact”
2. Double-click in the “Responsibility” field and select the type of contact
3. Click “Save”

Tips

The next page shows the steps to add multiple responsibilities for the same contact

Supplier Self Onboarding – Add multiple responsibilities

Contact

Supplier

TEST PRODUCT SUPPLIER PROFILE • ID: Supplier-7075264
CVS Reference ID: • Status: Pre-Active • Pay Name: TEST PRODUCT • PO Name: TEST PRODUCT • Primary Category: 04-ORAL HYGIENE • Type: Merchandise Warehouse • Sub Type: Domestic

Supplier Overview Address **Contact** Payment & Banking¹ Supply Chain¹ Ship Lane Ownership Documents Compliance⁵ EDI¹

NOTE: SALES REPRESENTATIVE, A/R CONTACT & INVENTORY CONTACTS are required to be filled. If applicable, select multiple responsibilities for same Contact

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

*Responsibility	*First Name	*Last Name	M.I	*Primary Ph...	*Email	Cellphone	Fax	Extension	Primary Con...	Name
<input type="checkbox"/> EDI TRANSMISSION CONTACT EDI PROD CONTACT	Tom	Smith		401-777-7777	EDI@Test_Products.com				Y	Tom Smith fx
<input type="checkbox"/> INVENTORY	Jane	Smith		401-888-8888	Jane.Smith@Test_Products.com				Y	Jane Smith fx
<input type="checkbox"/> A/R CONTACT	Jane	Smith		401-888-8888	Jane.Smith@Test_Products.com				Y	Jane Smith fx
<input type="checkbox"/> SALES REPRESENTATIVE	John	Smith		401-999-9999	Test_Products@yahoo.com				Y	John Smith fx

Number of items: 4; Selected items: 0

Value editor - 1 item selected

EDI TRANSMISSION CONTACT

EDI PROD CONTACT

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 “Payment & Banking” worksheet

Supplier Self Onboarding

Payment & Banking

Supplier
TEST PRODUCT SUPPLIER PROFILE • ID: Supplier-7075264
 CVS Reference ID : • Status : Pre-Active • Pay Name : TEST PRODUCT • PO Name : TEST PRODUCT • Primary Category : 04-ORAL HYGIENE • Type : Merchandise Warehouse • Sub Type : Domestic

Supplier Overview Address Contact **Payment & Banking** ¹ Supply Chain ¹ Ship Lane Ownership Documents Compliance ⁵ EDI ¹

▼ Details

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

1 EDI Invoicing N

2 Do Not Deduct N

3 Begin Date

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

5 Payment Type CHECK

▼ 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

6 Clear all filters

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

Number of items: 3

Preferred Payment Terms

▼ Factor Company

7 Do you use a Factor Company for processing your payments?

▶ Save Submit ▶ Clone Supplier

Description / Steps

Required entries:

1. **EDI Invoicing** – review / update
2. **Do Not Deduct** – review / update
3. **Alcohol Supplier** – update
4. **PCard Capability** – update
5. **Payment Type** – review / update
6. **Payment Terms** – select one
7. **Factor Company** - update

Tips

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

Supplier Self Onboarding

Payment & Banking - Details

Supplier
TEST PRODUCT SUPPLIER PROFILE • ID: Supplier-7075264
 CVS Reference ID : • Status : Pre-Active • Pay Name : TEST PRODUCT • PO Name : TEST PRODUCT • Primary Category : 04-ORAL HYGIENE • Typ

Supplier Overview Address Contact **Payment & Banking** Supply Chain ¹ Ship Lane Owner

▼ Details

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

1 EDI Invoicing N

2 Do Not Deduct N

3 Begin Date

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

5 Do you want Pcard capability for Payments? N

* Payment Type CHECK

▶ Save ▶ Submit ▶ Clone Supplier

Description / Steps

Required entries:

- 1. EDI Invoicing** – indicate if supplier can send invoices via EDI
- 2. Do Not Deduct** – leave the value provided unless Category Management has authorized
- 3. Alcohol Supplier** – update
- 4. PCard Capability** – update
- 5. Payment Type** – review / update – if payment type is changed to ACH, banking information and affirmation is required

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 Day
Y	2% DSC IN 40 DAYS; N41	24041	2.000	040	41
	N75 DAYS	75	0.000	000	75

Number of items: 3

Preferred Payment Terms

▼ Factor Company

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

Description / Steps

Required entries:

- 1. Payment Terms** – double-click in the “Choice” field of the payment terms that the supplier accepts and select “Y”. *Please enter the choice ONLY if the Supplier accepts the offered Payment term*
- 2. Preferred Payment Terms (Not Required)** – *If a Supplier would like to request alternate payment terms, supplier may 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 select the appropriate Factor company

Tips

The next shows the completed “Payment & Banking” worksheet

Supplier Self Onboarding – Payment & Banking Completed

Payment & Banking - Complete

Supplier
TEST PRODUCT SUPPLIER PROFILE • ID: Supplier-7075264
 CVS Reference ID : • Status : Pre-Active • Pay Name : TEST PRODUCT • PO Name : TEST PRODUCT • Primary Category : 04-ORAL HYGIENE • Type : Merchandise Warehouse • Sub Type : Domestic

Supplier Overview Address Contact **Payment & Banking** Supply Chain ¹ Ship Lane Ownership Documents Compliance ⁵ EDI ¹

▼ Details

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

1 EDI Invoicing N

2 Do Not Deduct N

3 Begin Date

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

5 * Payment Type CHECK

6

▼ 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

Clear all filters

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

Number of items: 3

Preferred Payment Terms

▼ Factor Company

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

Save Submit Clone Supplier

Description / Steps

Completed Required entries:

1. **EDI Invoicing**
2. **Do Not Deduct**
3. **Alcohol Supplier**
4. **PCard Capability**
5. **Payment Type**
6. **Payment Terms**
7. **Factor Company**

Tips

Click "Save" to save progress

The next page provides guidance to complete the "Supply Chain" worksheet

Supplier Self Onboarding

Supply Chain

Supplier
TEST PRODUCT SUPPLIER PROFILE • ID: Supplier-7075264
 CVS Reference ID : • Status : Pre-Active • Pay Name : TEST PRODUCT • PO Name : TEST PRODUCT • Primary Category : 04-ORAL HYGIENE • Type : Merchandise Warehouse • Sub Type : Domestic

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

Details

1 Do you plan to offer Saleable products to CVS ?

2 RX DEA Number

3 List 1 Chemical DEA#

4 Damage Disposition Code

5 Damage Payment Type

Return Handling Fees 0

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 te

6

Choice	Name
	Prepaid

Number of items: 1

Preferred Freight Terms

Save Submit Clone Supplier

Description / Steps

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
- 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

Supplier
TEST PRODUCT SUPPLIER PROFILE • ID: Supplier-7075264
 CVS Reference ID : • Status : Pre-Active • Pay Name : TEST PRODUCT • PO Name : TEST PRODUCT • Primary Category : 04-ORAL HYGIENE • Ty

Supplier Overview Address Contact Payment & Banking **Supply Chain** Ship Lane Own

▼ Details

1 * Do you plan to offer Saleable products to CVS ? Y

2 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.

3 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

4 Damage Disposition Code

Return to Supplier

Disposition of Product Instructions.

5 Damage Payment Type

Check

How funds will be received

Return Handling Fees ^{fx} 0

▶ Save Submit ▶ Clone Supplier

Description / Steps

Completed 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

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:

- 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.
- 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 not required

The next page shows the completed “Supply Chain” worksheet

Supplier Self Onboarding – Supply Chain Completed

Supply Chain - Complete

Supplier
TEST PRODUCT SUPPLIER PROFILE • ID: Supplier-7075264
 CVS Reference ID : • Status : Pre-Active • Pay Name : TEST PRODUCT • PO Name : TEST PRODUCT • Primary Category : 04-ORAL HYGIENE • Type : Merchandise Warehouse • Sub Type : Domestic

Supplier Overview Address Contact Payment & Banking **Supply Chain** Ship Lane Ownership Documents Compliance ⁵ EDI ¹

Details

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

2 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.

3 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

4 Damage Disposition Code

Disposition of Product Instructions.

5 Damage Payment Type

How funds will be received

Return Handling Fees ^{fx} 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 te

6

Choice	Name
Y	Prepaid

Number of items: 1

Preferred Freight Terms

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

Supplier Self Onboarding

Ship Lane

Supplier

TEST PRODUCT SUPPLIER PROFILE • ID: Supplier-7075264

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

Supplier Overview Address Contact Payment & Banking Supply Chain **Ship Lane** Ownership Documents Compliance ⁵ EDI ¹

1 Select all 2 Clear all filters Create New Ship Lane Remove Reference Populate all DC's 3

*Address	*Warehouse	Freight Term	Minimum D...	Minimum U...	Minimum U...	Lead Time	Order Multi...	Permit #	Port Of Origin	CVS Wareho...
No existing records										

Save Submit Clone Supplier

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 (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 PRODUCT SUPPLIER PROFILE • ID: Supplier-7075264
CVS Reference ID : • Status : Pre-Active • Pay Name : TEST PRODUCT • PO Name : TEST PRODUCT • Primary Category : 04-ORAL HYGIENE • Type : Merchandise Warehouse • Sub Type : Domestic

Supplier Overview Address **1** Contact Payment & Banking Supply Chain Ship Lane Ownership Documents Compliance ⁵ EDI ¹

Select all Clear all filters **2** Create New Ship Lane **3** Remove Reference Populate all DC's

*Address	*Warehouse	Freight Term	Minimum Doll...	Minimum Unit	Minimum Unit...	Lead Time	Order Multiple	Permit #	Port Of Origin	CVS Warehouse
<input type="checkbox"/> 1 M		Prepaid								fx
<div> <div>1 Main Street, Anytown, RI (Address-7075977)</div> <div>1 Main Street, Anytown, RI (Address-7075977)</div> </div>										

Save Submit Clone Supplier

Description / Steps

1. Click "Create New Ship Lane"
2. Double-click in "Address" field
 - If an address was previously saved when entering addresses, the user can begin typing the address and select it
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 PRODUCT SUPPLIER PROFILE • ID: Supplier-7075264
CVS Reference ID : • Status : Pre-Active • Pay Name : TEST PRODUCT • PO Name : TEST PRODUCT • Primary Category : 04-ORAL HYGIENE • Type : Merchandise Warehouse • Sub Type : Domestic

Supplier Overview Address Contact Payment & Banking Supply Chain **Ship Lane** Ownership Documents Compliance ⁵ EDI ¹

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

*Address	Warehouse	Freight Term	Minimum Doll...	Minimum Unit	Minimum Uni...	Lead Time	Order Multiple	Permit #	Port Of Origin	CVS Warehouse
1 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

Save Submit Clone Supplier

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" to complete the "Ship Lane" worksheet

Supplier Self Onboarding – Add Lead Time

Ship Lane

Supplier

TEST PRODUCT SUPPLIER PROFILE • ID: Supplier-7075264

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

Supplier Overview Address Contact Payment & Banking Supply Chain **Ship Lane** Ownership Documents Compliance ⁵ EDI ¹

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

Address	Warehouse	Freight Term	Minimum Doll...	Minimum Unit	Minimum U...	Lead Time	Order Multiple	Permit #	Port Of Origin	CVS Warehouse
<input type="checkbox"/> 1 Main Street, Anytown, RI	Bessemer, AL	Prepaid				12				<small>fx</small>

▶ Save Submit ▶ Clone Supplier

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 PRODUCT SUPPLIER PROFILE • ID: Supplier-7075264
CVS Reference ID: • Status: Pre-Active • Pay Name: TEST PRODUCT • PO Name: TEST PRODUCT • Primary Category: 04-ORAL HYGIENE • Type: Merchandise Warehouse • Sub Type: Domestic

Supplier Overview Address Contact Payment & Banking Supply Chain **Ship Lane** Ownership Documents Compliance ⁵ EDI ¹

Clear all Clear all filters Create New Ship Lane Remove Reference **2** Populate all DC's

*Address	*Warehouse	Freight Term	Minimum Dol...	Minimum Unit	Minimum Uni...	Lead Time	Order Multiple	Permit #	Port Of Origin	CVS Warehouse
<input checked="" type="checkbox"/> 1 Main Street, Anytown, RI	Bessemer, AL	Prepaid								

Supplier
TEST PRODUCT SUPPLIER PROFILE • ID: Supplier-7075264
CVS Reference ID: • Status: Pre-Active • Pay Name: TEST PRODUCT • PO Name: TEST PRODUCT • Primary Category: 04-ORAL HYGIENE • Type: Merchandise Warehouse • Sub Type: Domestic

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

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

*Address	*Warehouse	Freight Term	Minimum Dol...	Minimum Unit	Minimum Uni...	Lead Time
<input type="checkbox"/> 1 Main Street, Anytown, RI	Bessemer, AL	Prepaid				12
<input type="checkbox"/> 1 Main Street, Anytown, RI	Woonsocket, RI	Prepaid				12
<input type="checkbox"/> 1 Main Street, Anytown, RI	Lumberton, NJ	Prepaid				12
<input type="checkbox"/> 1 Main Street, Anytown, RI	Orlando, FL	Prepaid				12
<input type="checkbox"/> 1 Main Street, Anytown, RI	Fredericksburg, VA	Prepaid				12
<input type="checkbox"/> 1 Main Street, Anytown, RI	Ennis, TX	Prepaid				12
<input type="checkbox"/> 1 Main Street, Anytown, RI	Vero Beach, FL	Prepaid				12
<input type="checkbox"/> 1 Main Street, Anytown, RI	Knoxville, TN	Prepaid				12
<input type="checkbox"/> 1 Main Street, Anytown, RI	North Augusta, SC	Prepaid				12
<input type="checkbox"/> 1 Main Street, Anytown, RI	Somerset, PA	Prepaid				12
<input type="checkbox"/> 1 Main Street, Anytown, RI	Conroe, TX	Prepaid				12
<input type="checkbox"/> 1 Main Street, Anytown, RI	Indianapolis, IN	Prepaid				12
<input type="checkbox"/> 1 Main Street, Anytown, RI	Novi, MI	Prepaid				12
<input type="checkbox"/> 1 Main Street, Anytown, RI	La Habra, CA	Prepaid				12

3 Save Submit Clone Supplier

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 PRODUCT

SUPPLIER PROFILE • ID: Supplier-7075264

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

Supplier Overview • Address • Contact • Payment & Banking • Supply Chain • Ship Lane • Ownership • Documents • Compliance 5 • EDI 1

☒ Select all

☐ Clear all filters

	*Address •	*Warehouse •	Freight Term •	Minimum DoL... •	Minimum Unit •	Minimum Uni... •	Lead Time •	Order Multiple •	Permit # •	Port Of Origin •	CVS Warehouse •
<input type="checkbox"/>	1 Main Street, Anytown, RI	Bessemer, AL	Prepaid				12				AL fx
<input type="checkbox"/>	1 Main Street, Anytown, RI	Woonsocket, RI	Prepaid				8				WN fx
<input type="checkbox"/>	1 Main Street, Anytown, RI	Lumberton, NJ	Prepaid				9				NJ fx
<input type="checkbox"/>	1 Main Street, Anytown, RI	Orlando, FL	Prepaid				12				OR fx
<input type="checkbox"/>	1 Main Street, Anytown, RI	Fredericksburg, VA	Prepaid				12				MA fx
<input type="checkbox"/>	1 Main Street, Anytown, RI	Ennis, TX	Prepaid				14				EN fx
<input type="checkbox"/>	1 Main Street, Anytown, RI	Vero Beach, FL	Prepaid				12				FL fx
<input type="checkbox"/>	1 Main Street, Anytown, RI	Knoxville, TN	Prepaid				12				TN fx
<input type="checkbox"/>	1 Main Street, Anytown, RI	North Augusta, SC	Prepaid				10				SC fx
<input type="checkbox"/>	1 Main Street, Anytown, RI	Somerset, PA	Prepaid				9				PA fx
<input type="checkbox"/>	1 Main Street, Anytown, RI	Conroe, TX	Prepaid				14				CR fx
<input type="checkbox"/>	1 Main Street, Anytown, RI	Indianapolis, IN	Prepaid				12				IN fx
<input type="checkbox"/>	1 Main Street, Anytown, RI	Novi, MI	Prepaid				12				DT fx
<input type="checkbox"/>	1 Main Street, Anytown, RI	La Habra, CA	Prepaid				15				LA fx

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 “Ownership” worksheet.

Supplier Self Onboarding

Ownership

Supplier

TEST PRODUCT SUPPLIER PROFILE • ID: Supplier-7075264
CVS Reference ID : • Status : Pre-Active • Pay Name : TEST PRODUCT • PO Name : TEST PRODUCT • Primary Category : 04-ORAL HYGIENE • Type : Merchandise Warehouse • Sub Type : Domestic

Supplier Overview

Address

Contact

Payment & Banking

Supply Chain

Ship Lane

Ownership

Documents

Compliance 5

EDI 1

▼ 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 on the “Documents” worksheet.

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CVSHealth.

Supplier Self Onboarding

Documents

Supplier

TEST PRODUCT

SUPPLIER PROFILE • ID: Supplier-7075264

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

Supplier OverviewAddressContactPayment & BankingSupply ChainShip LaneOwnershipDocumentsCompliance⁵EDI¹

▼ 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 PRODUCT SUPPLIER PROFILE • ID: Supplier-7075264
 CVS Reference ID : • Status : Pre-Active • Pay Name : TEST PRODUCT • PO Name : TEST PRODUCT • Primary Category : 04-ORAL HYGIENE • Type : Merchandise Warehouse • Sub Type : Domestic

Supplier Overview Address Contact Payment & Banking Supply Chain Ship Lane Ownership Documents Compliance ^S EDI ¹

▼ 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	+

1 Click the plus icon next to the document you want to upload.

2 Select "Upload and insert asset" from the dropdown menu.

3 Click the "Choose File" button in the "Select file" dialog.

Select file

Classification Supplier-7075264 Assets **3**

File No file chosen

▶ Save ▶ Clone Supplier

Description / Steps

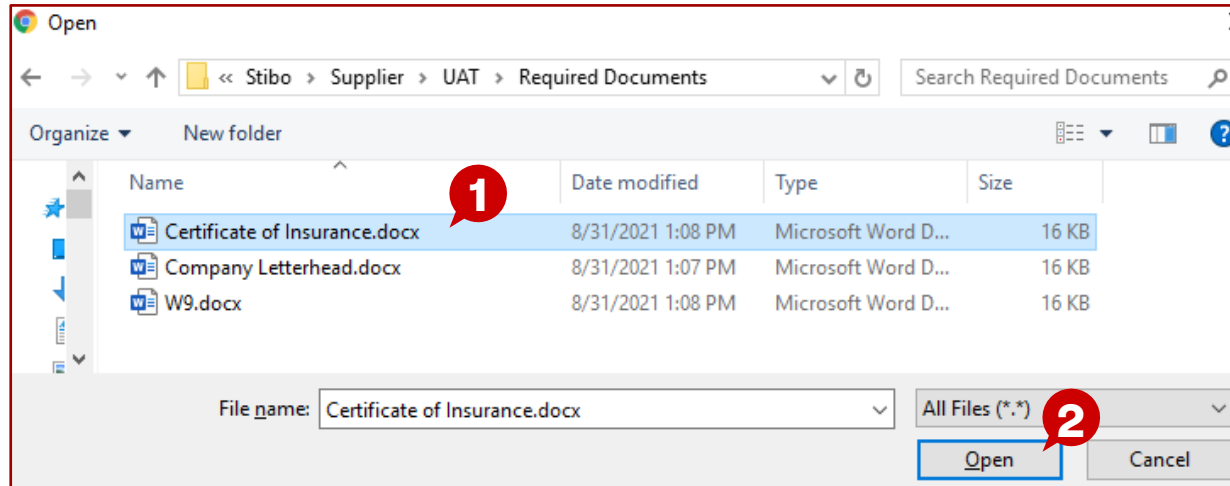
1. For each required document, one at a time, click the "plus" icon
2. Select "Upload and insert asset" option
3. Click the "Choose File" option

Tips

The next page will provide continued guidance on uploading required documents

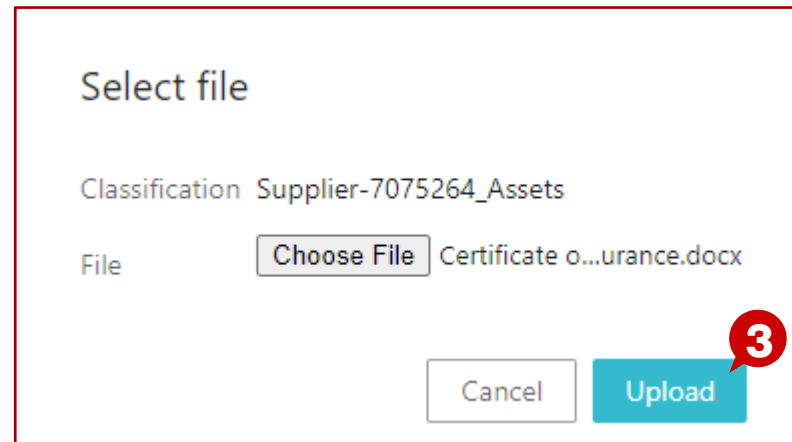
Supplier Self Onboarding – upload required documents

Documents



Description / Steps

1. Browse for the document to upload and select it
2. Click the “Open” option
3. Click the “Upload” option



Tips

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

Supplier Self Onboarding

Compliance

Supplier
TEST PRODUCT SUPPLIER PROFILE • ID: Supplier-7075264
 CVS Reference ID : • Status : Pre-Active • Pay Name : TEST PRODUCT • PO Name : TEST PRODUCT • Primary Category : 04-ORAL HYGIENE • Type : Merchandise Warehouse • Sub Type : Domestic

Supplier Overview Address Contact Payment & Banking Supply Chain Ship Lane Ownership Documents Compliance ⁵ EDI ¹

▼ Details

- 1 Is your Employer Tax Identification Number also an individual's Social Security Number ?
- 2 Tax Name
 Tax Name if different from the Vendor Name
- 3 Are you a Hawaii Supplier?
- 4 Are you a Puerto Rico Supplier?
- 5 W-9 / W-8 Form Needed
 If Vendor is a foreign vendor then they have to provide a W-8, else provide a W-9
- 6 Are you a Broker?
 Please Enter Broker as Responsibility, If you choose "Are you a Broker?" as Y
- 7 Are you a Manufacturer?
 Diverse Certification
 Women Owned, Minority Owned etc.
 Puerto Rico Waiver Certificate

▶ 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. **W-9 / W-8 Form Needed** – review / update
6. **Are you a Broker?** – select Y or N
7. **Are you a Manufacturer** – select Y or N

Tips

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

Supplier Self Onboarding - Completed

Compliance

Supplier
TEST PRODUCT SUPPLIER PROFILE • ID: Supplier-7075264
 CVS Reference ID : • Status : Pre-Active • Pay Name : TEST PRODUCT • PO Name : TEST PRODUCT • Primary Category : 04-ORAL HYGIENE • Type : Merchandise Warehouse • Sub Type : Domestic

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

▼ 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 Are you a Hawaii Supplier?

4 Are you a Puerto Rico Supplier?

5 W-9 / W-8 Form Needed

If Vendor is a foreign vendor then they have to provide a W-8, else provide a W-9

6 * Are you a Broker?

Please Enter Broker as Responsibility, if you choose "Are you a Broker?" as Y

7 Are you a Manufacturer?

Diverse Certification

Save Submit Clone Supplier

Description / Steps

Completed required entries:

- Tax ID # also Social Security #** – If “N” enter TIN#
- Tax Name**
- Hawaii Supplier?**
- Puerto Rico Supplier?**
- ~~W-9 / W-8 Form Needed~~**
- Are you a Broker?** - if “Y” add Broker as a responsibility on the “Contact” worksheet
- Are you a Manufacturer**

Tips

Click “Save”

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

Supplier Self Onboarding – EDI Capable = “N”

EDI

Supplier
TEST PRODUCT SUPPLIER PROFILE • ID: Supplier-7075264
 CVS Reference ID : • Status : Pre-Active • Pay Name : TEST PRODUCT • PO Name : TEST PRODUCT • Primary Category : 04-ORAL HYGIENE • Type : Merchandise Warehouse • Sub Type : Domestic

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

▼ Details

NOTE : Please enter EDI TRANSMISSION CONTACT responsibility, 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? **1**

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 PRODUCT SUPPLIER PROFILE • ID: Supplier-7075264
 CVS Reference ID : • Status : Pre-Active • Pay Name : TEST PRODUCT • PO Name : TEST PRODUCT • Primary Category : 04-ORAL HYGIENE • Type : Merchandise Warehouse • Sub Type : Domestic

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

▼ Details

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

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

2 It is imperative that you engage your EDI and data transmission professionals for proper completion of the following screens. Any incorrect information will significantly delay your receipt of EDI transactions and capability to do business with CVS Health.

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

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

5 EDI Communication Protocol
 Vendor Value Added Network (VAN)
VAN - where the suppliers mailbox resides

▶ 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

1

EDI Communication Protocol

SFTP

CVS Health prefers SSH Key Authentication, Password Authentication considered on an exception basis.CVS EDI will exchange SSH keys with your provided transmission team contact.

2

Production: /<sub-directory>

/Inbound

3

SFTP File Locations:

/<subdirectory>

4

SFTP Server Host Name / IP Address (Prod & Test)

b2b-test.testproducts.com & b2b-prod.testproducts.com

EDI details if Communication Protocol is SFTP

5

SFTP Server Login Username

CVS_B2B

6

SFTP Server Port: 22

22

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

7

SFTP SSH Key

TESTPRODUCTS_SSH_KEY

Test: /<sub-directory>

/Inbound

Save

Submit

Clone Supplier

If the supplier is using SFTP as the EDI Communication Protocol

1. Production / <sub-directory>
2. SFTP File Locations
3. SFTP Server Host Name
4. SFTP Server Login Username
5. SFTP Server Port: 22
6. SFTP SSH Key
7. Test / <sub-directory>

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

EDI Communication Protocol	AS2
CVS Health EDI will exchange digital certificates and encryption information with your provided transmission team contact	
AS2 Environment	TEST
EDI AS2 environment	
AS2 Identifier	TESTPRODUCT_B2B_TEST
AS2 Identifier Prod	TESTPRODUCT_B2B_PROD
Max Retries	5
Max Retries Prod	5
Retry Interval	300
Retry Interval Prod	300
URI	/as2
URI Prod	/as2
URL and Port	https://b2b-test.yourcompany.com:4080
URL and Port Prod	https://b2b-prod.yourcompany.com:4080
MDN Receipt	Y
EDI AS2 related attributes (Message Disposition Notification)	
CVS Health EDI requests Message Disposition Notifications (MDN) for data transmitted over AS2.	
MDN Receipt Prod	Y

▶ Save
Submit
▶ Clone Supplier

Description / Steps

If the supplier is using AS2 as the EDI Communication Protocol

1. AS2 Environment
2. AS2 Identifier
3. AS2 Identifier Prod
4. URL
5. URL Prod
6. URL and Port
7. URL and Port Prod

Tips

Click “Save”

The next page will provide guidance to Submit information

Supplier Self Onboarding – “Submit”

SUBMIT

Supplier
TEST PRODUCT SUPPLIER PROFILE • ID: Supplier-7075264
CVS Reference ID : • Status : Pre-Active • Pay Name : TEST PRODUCT • PO Name : TEST PRODUCT • Primary Category : 04-ORAL HYGIENE • Type : Merchandise Warehouse • Sub Type : Domestic

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

It is imperative that you engage your EDI and data transmission professionals for proper completion of the following screens. Any incorrect information may result in the inability to do business with CVS Health.

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

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

EDI Communication Protocol

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

1

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

Submit message

1

Description / Steps

When all required entries have been completed:

1. Click “Submit”
2. Click “OK”

Tips

The next page will provide guidance on a successful submission

Supplier Self Onboarding – “Submit” Successful

SUBMIT

Welcome to the STEP Web UI

Supplier-7075264 • John Smith

1 Submit
Item was successfully submitted.

2

Links

- Supplier self onboarding process guidelines
- 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	0
------------------------	---

Clarification Workflow

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

Manage Your Account

Logged in:
JOHN SMITH

User Details

Logout

Description / Steps

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

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

Supplier Self Onboarding – Additional information needed

Comments

From: CVSHealth@cloudmail.stibo.com <CVSHealth@cloudmail.stibo.com>
Sent: Tuesday, September 14, 2021 5:15 PM
Subject: [EXTERNAL] CVS Health - Supplier registration updates needed

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

Hi John Smith,

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

URL Details: https://cvs-test.scloud.stibo.com/webui/WEBUI_CVSSupplierPortal

Thanks,

CVS Team

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

Description / Steps

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

User Login

User Login

The screenshot shows a web browser window with the URL `auth.mdm.stibosystems.com/auth/realms/cvs-test/protocol/openid-connect/auth?response_type=code&client_id=Step&state=950b914a-1603-459b-a32e-07f9b50aeb35&login=true&scope=openid&redirect_uri=https%3A%2F%2Fcvstest.scloud.stibo.com...`. The page features the Stibo Systems logo and the text "MASTER DATA MANAGEMENT". Below the logo, there are two login sections: "STEP managed user log in" and "IDP managed user log in". The "STEP managed user log in" section includes a "Please log in using the form" instruction, a "Username" field with the value "JSMITH", a "Password" field with masked characters, a "Forgot STEP password" link, and a "Log In" button. The "IDP managed user log in" section includes the text "Azure-SAML". Numbered callouts are present: 1 points to the browser address bar, 2 points to the Username field, 3 points to the Password field, and 4 points to the Log In button.

1

2

3

4

STIBO SYSTEMS
MASTER DATA MANAGEMENT

STEP managed user log in
Please log in using the form

Username
JSMITH

Password
.....

[Forgot STEP password](#)

[Log In](#)

IDP managed user log in
[Azure-SAML](#)

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Description / Steps

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

Tips

Supplier Self Onboarding

Welcome to the STEP Web UI

Welcome to the STEP Web UI

Links

[Supplier self onboarding process guidelines](#)
[Advanced Search](#)

New Supplier Onboarding

1

One Time Agent Verific...

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:

JOHN SMITH

User Details

Logout


Description / Steps

1. 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


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CVS Health.

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
	Supplier-7075264	TEST PRODUCT	Merchandise Warehouse	Domestic	Pending Supplier Response

Description / Steps

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

Tips

The next page will provide continued guidance to update the Supplier Self Onboarding information

Supplier Self Onboarding – Review “CVS Comments”

Supplier Creation

Supplier
TEST PRODUCT SUPPLIER PROFILE • ID: Supplier-7075264
 CVS Reference ID : • Status : Pre-Active • Pay Name : TEST PRODUCT • PO Name : TEST PRODUCT • Primary Category : 04-ORAL HYGIENE • Type : Merchandise Warehouse • Sub Type : Domestic

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

* Supplier Sub Type Domestic

PO Name TEST PRODUCT

* Pay Name TEST PRODUCT
 Name of the Pay Supplier

DBA TEST PRODUCT
 Doing Business As- Informational Only

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

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

Supplier Status Date 10-Sep-2021

* Is this Supplier onboarding due to Merger? N

* Supplier Manages Data Y

Parent Supplier N

CVS Comments Please add MCR address

Supplier Comments

Save Submit Clone Supplier

Description / Steps

1. Scroll to the bottom of the page and review the “CVS Comments”

Tips

2. New Supplier has the ability to send comments back to CVS

Based on the comments, update the requested information.

When update has been made, click “Save”

After clicking “Save” then click “Submit”

Supplier Self Onboarding – “Submit” again

Supplier Overview

Supplier
TEST PRODUCT SUPPLIER PROFILE • ID: Supplier-7075264
 CVS Reference ID : • Status : Pre-Active • Pay Name : TEST PRODUCT • PO Name : TEST PRODUCT • Primary Category : 04-ORAL HYGIENE • Type : Merchandise Warehouse • Sub Type : Domestic

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

* Supplier Sub Type Domestic

PO Name TEST PRODUCT

* Pay Name TEST PRODUCT
 Name of the Pay Supplier

DBA TEST PRODUCT
 Doing Business As- Informational Only

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

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

Supplier Status Date 10-Sep-2021

* Is this Supplier onboarding due to Merger? N

* Supplier Manages Data Y

Parent Supplier N

CVS Comments Please add MCR address

Supplier Comments

1

2

Save Submit Clone Supplier

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
<input type="checkbox"/>		TEST PRODUCT

Number of items: 1; Selected items: 0

Description / Steps

1. Scroll to the bottom of the page and enter “Supplier Comments” as needed
2. Click “Submit”

Tips

CVS Category Management will review the updates and Approve is correct