



# VENDOR INFORMATION FORM

All parts of the form must be completed by the vendor and returned to Ohio Shared Services. The information must be legible.

## SECTION 1 – PLEASE SPECIFY TYPE OF ACTION

- NEW (W-9 OR W-8ECI FORM ATTACHED)     CHANGE OF CONTACT PERSON/INFORMATON  
 ADDITIONAL ADDRESS (PLEASE PROVIDE COPY OF INVOICE OR LETTER OF EXPLANATION)  
 CHANGE OF ADDRESS – ENTER OLD ADDRESS   
 CHANGE OF TIN (NEW W-9 AND LETTER OF EXPLANATION OF CHANGE, WHICH INCLUDES OLD TIN, IS REQUIRED)  
 CHANGE OF NAME (NEW W-9 AND LETTER OF EXPLANATION OF CHANGE IS REQUIRED)  
 CHANGE OF PAY TERMS     CHANGE OF PO DISPATCH METHOD     OTHER \_\_\_\_\_

## SECTION 2 – PLEASE PROVIDE VENDOR INFORMATION

LEGAL BUSINESS OR INDIVIDUAL NAME: (MUST MATCH W-9 OR W-8ECI FORM)

BUSINESS NAME, TRADE NAME, DOING BUSINESS AS: (IF DIFFERENT THAN ABOVE)

FEDERAL TAX ID (TIN), EMPLOYER ID (EIN) OR SOCIAL SECURITY NUMBER (REQUIRED):

<input type="text"/>									
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BUSINESS ENTITY: (IF A SOLE PROPRIETOR, THE INDIVIDUAL'S NAME MUST APPEAR IN LEGAL BUSINESS NAME) CHECK ONE:

- INDIVIDUAL/SOLE PROPRIETOR     CORPORATION     S CORPORATION     PARTNERSHIP     TRUST/ESTATE  
 LIMITED LIABILITY COMPANY    **CIRCLE THE TAX CLASSIFICATION** (C=CORPORATION, S= S CORPORATION, P=PARTNERSHIP) \_\_\_\_\_  
 OTHER (PLEASE EXPLAIN)

## SECTION 3 – PLEASE PROVIDE COMPLETE ADDRESS 1 (IF MORE THAN 2 ADDRESSES, INCLUDE A SEPARATE SHEET)

ADDRESS:

COUNTY:

CITY:

STATE:

ZIP CODE:

## SECTION 4 – PLEASE PROVIDE COMPLETE ADDRESS 2

ADDRESS:

COUNTY:

CITY:

STATE:

ZIP CODE:

**SECTION 5 – CONTACT INFORMATION AND PERSON TO RECEIVE PURCHASE ORDER**

NAME:

WEBSITE:

PHONE:

FAX:

E-MAIL:

**SECTION 6 - STRATEGIC SOURCING CONTACT INFO (PERSON TO RECEIVE E-MAIL NOTICE OF BID EVENTS)  
THE USER ID & PASSWORD TO COMPLETE STRATEGIC SOURCING REGISTRATION WILL BE SENT TO E-MAIL ADDRESS BELOW.**

NAME::

E-MAIL:

PHONE NUMBER:

**SECTION 7 – IS YOUR BUSINESS CURRENTLY CERTIFIED AS? (PLEASE CHECK)**

MBE (MINORITY BUSINESS ENTERPRISE)     EDGE (ENCOURAGING DIVERSITY, GROWTH, & EQUITY)     N/A

**SECTION 8 – PAYMENT TERMS (PLEASE CHECK ONE, OTHERWISE NET 30 WILL BE APPLIED BY DEFAULT)**

2/10 NET 30     NET 30     NET 45     NET 60     NET 90

**SECTION 9 – PURCHASE ORDER DISTRIBUTION-OTHER THAN USPS MAIL (NOTE: APPLICABLE FOR VENDORS THAT RECEIVE PO ONLY (INPUT E-MAIL ADDRESS OR FAX NUMBER BELOW)**

E-MAIL OR FAX:

**SECTION 10 – PLEASE SIGN AND DATE**

PRINT NAME:

DATE:

SIGNATURE:

**SECTION 11 – STATE OF OHIO AGENCY CONTACT INFORMATION (AGENCY WHERE GOODS OR SERVICES ARE DELIVERED)**

AGENCY NAME:

E-MAIL:

PHONE NUMBER:

COMMENTS:

**Note: This document does contain sensitive information. Sending via non-secure channels, including e-mail and fax can be a potential security risk.**

**SUBMIT FORM TO:**

**Mail:** Ohio Shared Services  
P.O. Box 182880 Cols., OH 43218-2880  
**Fax:** (614) 485-1052  
**E-mail:** [vendor@ohio.gov](mailto:vendor@ohio.gov)

**QUESTIONS? PLEASE CONTACT:**

**Phone:** 1 (877) OHIO-SS1 (1-877-644-6771)  
1 (614) 338-4781  
**E-mail:** [vendor@ohio.gov](mailto:vendor@ohio.gov)