



VENDOR INFORMATION FORM

All parts of the form must be completed by the vendor. **Incomplete forms will be returned.** All information must be legible. Ensure this is the latest version of the form at www.ohiosharedservices.ohio.gov.

SECTION 1 – PLEASE SPECIFY TYPE OF ACTION (MUST BE COMPLETED)

NEW (**W-9 OR W-8ECI FORM ATTACHED**) CHANGE OF CONTACT PERSON/INFORMATON

ADDITIONAL ADDRESS – (**A COPY OF AN INVOICE OR A LETTER INCLUDING THE ADDRESS IS REQUIRED**)

CHANGE OF ADDRESS – (**PLEASE PROVIDE OLD ADDRESS BELOW OR ATTACH LETTER**)

ADDRESS TO BE REPLACED:

CHANGE OF TIN (**W-9 & A CHANGE OF TIN FORM OR A LETTER OF EXPLANATION FOR THIS CHANGE, WHICH MUST INCLUDE THE NEW & OLD TIN**)

CHANGE OF NAME (**W-9 & A CHANGE OF NAME FORM OR A LETTER OF EXPLANATION FOR THIS CHANGE, WHICH MUST INCLUDE THE NEW & OLD NAME**)

CHANGE OF PAY TERMS CHANGE OF PO DISPATCH METHOD OTHER _____

SECTION 2 – PLEASE PROVIDE VENDOR INFORMATION (MUST BE COMPLETED)

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 EMPLOYER ID (EIN) OR SOCIAL SECURITY NUMBER (SSN):

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SECTION 3 – REMIT TO ADDRESS REQUIRED (MUST BE COMPLETED)

ADDRESS:

COUNTY:

ADDRESS (CONT.):

CITY:

STATE:

ZIP CODE:

SECTION 4 – ADDITIONAL ADDRESS (IF MORE THAN 2 ADDRESSES, INCLUDE A SEPARATE SHEET)

ADDRESS:

COUNTY:

ADDRESS (CONT.):

CITY:

STATE:

ZIP CODE:

SECTION 5 – CONTACT INFORMATION OR PERSON TO RECEIVE PURCHASE ORDER

NAME:

WEBSITE:

PHONE:

FAX:

EMAIL:

SECTION 6 – CONTACT PERSON TO RECEIVE EMAIL NOTICE OF BID EVENTS - A USER ID & PASSWORD WILL BE SENT TO THE EMAIL ADDRESS BELOW – (BUSINESSES ONLY)

NAME:

EMAIL:

TO ADD AN ADDITIONAL OR TO REPLACE THE CURRENT STRATEGIC SOURCING (SS) CONTACT

 ADDITIONAL STRATEGIC SOURCING CONTACT REPLACE SS CONTACT **(WILL BE MARKED INACTIVE)**

NAME:

EMAIL:

SECTION 7 – PAYMENT TERMS (PLEASE CHECK ONE – IF NONE IS SELECTED THEN NET 30 WILL APPLY) 2/10 NET 30 NET 30 NET 45 NET 60 NET 90**SECTION 8 – PURCHASE ORDER DISTRIBUTION–OTHER THAN USPS MAIL (ONLY APPLICABLE TO THOSE RECEIVING POs)**EMAIL OR FAX:**SECTION 9 – PLEASE SIGN & DATE (MUST BE COMPLETED)**

PRINT NAME:

SIGNATURE: (HANDWRITTEN SIGNATURE REQUIRED)

DATE:

SECTION 10 – STATE OF OHIO AGENCY CONTACT PERSON (AGENCY RECEIVING PAYMENTS FROM)

AGENCY CONTACT NAME/EMAIL/PHONE:

COMMENTS:

Note: This document contains sensitive information. Sending via non-secure channels, including e-mail and fax can be a potential security risk.**SELECT ONE OF THE FOLLOWING METHODS FOR DOCUMENT SUBMISSION:****Email:** vendor@ohio.gov**Fax:** 1 (614) 485-1052**Mail:** Ohio Shared Services
Attn: Vendor Maintenance
P.O. Box 182880 Cols., OH 43218-2880**QUESTIONS? PLEASE CONTACT:****Phone:** 1 (877) OHIO - SS1 (1-877-644-6771)

1 (614) 338-4781

Website: www.ohiosharedservices.ohio.gov/**Email:** vendor@ohio.gov