



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