



# SUPPLIER INFORMATION FORM

Required sections must be completed or the form will not be processed. **Incomplete forms will be returned.** All information must be legible. Ensure this is the latest version of the form at [www.ohiosharedservices.ohio.gov](http://www.ohiosharedservices.ohio.gov).

## SECTION 1 – PLEASE SPECIFY TYPE OF ACTION (REQUIRED)

- NEW (**W-9 OR W-8ECI FORM ATTACHED**)     CHANGE OF CONTACT PERSON/INFORMATON  
 ADDITIONAL ADDRESS  
 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**)     CHANGE OF NAME (**W-9 & A CHANGE OF NAME FORM**)  
 CHANGE OF PAY TERMS     CHANGE OF PO DISPATCH METHOD     OTHER \_\_\_\_\_

## SECTION 2 – PLEASE PROVIDE SUPPLIER INFORMATION (REQUIRED)

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)<sup>1</sup>:

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## SECTION 3 – REMIT TO ADDRESS (REQUIRED)

ADDRESS:	COUNTY:	
ADDRESS (CONT.):		
CITY:	STATE:	ZIP CODE:
CONTACT NAME:		
PHONE:	FAX:	E-MAIL:

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

ADDRESS:	COUNTY:	
ADDRESS (CONT.):		
CITY:	STATE:	ZIP CODE:

**SECTION 5 – CONTACT PERSON TO RECEIVE E-MAIL NOTICE OF BID EVENTS - A USER ID & PASSWORD WILL BE SENT TO THE E-MAIL ADDRESS BELOW – (BUSINESSES ONLY)**

NAME:

E-MAIL:

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:

E-MAIL:

**SECTION 6 – PAYMENT TERMS (PLEASE CHECK ONE – IF NONE IS SELECTED THEN NET 30 WILL APPLY**

Invoices will be paid in 30 days from invoice date unless an alternate pay-term is selected below

2/10 NET 30

NET 30

**SECTION 7 – PURCHASE ORDER DISTRIBUTION–OTHER THAN USPS MAIL (ONLY APPLICABLE TO THOSE RECEIVING POs)**

E-MAIL OR FAX:

**SECTION 8 – PLEASE SIGN & DATE (REQUIRED)**

PRINT NAME:

SIGNATURE: (HANDWRITTEN SIGNATURE REQUIRED)

DATE:

**SECTION 9 – STATE OF OHIO AGENCY CONTACT PERSON (AGENCY RECEIVING PAYMENTS FROM)**

AGENCY CONTACT NAME/E-MAIL/PHONE:

COMMENTS:

Note: This document contains sensitive information. Sending via non-secure channels, including e-mail and fax can be a potential security risk.  
<sup>1</sup> Pursuant to 26 USC 6109, the state is required to collect TIN/EIN/Social Security numbers and to use the numbers in its annual report to the IRS the amount the state has paid each supplier.

**SELECT ONE OF THE FOLLOWING METHODS FOR DOCUMENT SUBMISSION:**

**Email:** [supplier@ohio.gov](mailto:supplier@ohio.gov)

**Fax:** 1 (614) 485-1052

**Mail:** Ohio Shared Services  
Attn: Supplier Operations  
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/](http://www.ohiosharedservices.ohio.gov/)

**Email:** [supplier@ohio.gov](mailto:supplier@ohio.gov)