

## Vendor Information Form

The Vendor Information Form (OBM-5657) is required to establish or update a vendor record in OAKS FIN. The Vendor Information Form must be accurately completed and signed by the potential State of Ohio vendor (electronic signatures are not accepted at this time). In addition, the information contained on the W-9 form must match the information provided on the Vendor Information Form; specifically, legal business name, and taxpayer ID# (TIN). Vendor Maintenance forms are available through the [Ohio Shared Services](#) website. For more information on Ohio Shared Services vendor forms, customers may inquire via our [contact us](#) page or call 614-338-4781 or 1.877.OHIOSS1 (1.877.644.6771).

- Incomplete forms will be returned to the vendor.
- A stamped name and address is acceptable (excluding the signature line).
- Vendor forms prior to September 2009 will not be accepted and will be returned to the vendor and/or agency.
- Both pages of the Vendor Information Form must be submitted for processing.

### Section 1 - Type of Action

SECTION 1 - PLEASE SPECIFY TYPE OF ACTION (MUST BE COMPLETED)	
<input type="checkbox"/> NEW (W-9 OR W-9ECI FORM ATTACHED)	<input type="checkbox"/> CHANGE OF CONTACT PERSON/INFORMATION
<input type="checkbox"/> ADDITIONAL ADDRESS - (A COPY OF AN INVOICE OR A LETTER INCLUDING THE ADDRESS IS REQUIRED)	
<input type="checkbox"/> CHANGE OF ADDRESS - (PLEASE PROVIDE OLD ADDRESS BELOW OR ATTACH LETTER)	
ADDRESS TO BE REPLACED:	
<input type="checkbox"/> 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)	
<input type="checkbox"/> 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)	
<input type="checkbox"/> CHANGE OF PAY TERMS	<input type="checkbox"/> CHANGE OF PO DISPATCH METHOD
<input type="checkbox"/> OTHER	

Type of action is not required (determined when reviewing OAKS)

When changing an address, the form may be rejected for the following reasons:

- If the address to be replaced is not listed
- If the address to be replaced is incomplete or does not match address in vendor record
- If additional documentation is needed

### Section 2 - Name and Tax ID

SECTION 2 - PLEASE PROVIDE VENDOR INFORMATION (MUST BE COMPLETED)	
LEGAL BUSINESS OR INDIVIDUAL NAME: (MUST MATCH W-9 OR W-9ECI FORM)	
BUSINESS NAME, TRADE NAME, DOING BUSINESS AS: (IF DIFFERENT THAN ABOVE)	
FEDERAL EMPLOYER ID (EIN) OR SOCIAL SECURITY NUMBER (SSN):	

The Name and Tax ID are required. The name must be listed in either the Legal Business name or the Business Name line. The TIN must be 9 digits for both Social Security Number (SSN) and Employer Identification Number (EIN). Both numbers may be provided. If so, we need to contact the vendor to determine which number they would like to use.

For a new entry, both vendor name (s) and TIN must match the information listed on the W-9 or W-8.

For an existing entry, the name and Tax ID must match the information listed on the [Vendor Identifying Information tab](#) in the Vendor Module.

Summary	Identifying Information	Address	Contacts	Location	OSS
SetID:	STATE				
Vendor:	00000100	Short Vendor Name:	APPLIED SW_1	Name:	APPLIED SWEEPERS INC

A vendor location is a default set of rules which define how you conduct business with a vendor.

### Section 3 - Remit to Address

SECTION 3 - REMIT TO ADDRESS REQUIRED (MUST BE COMPLETED)		
ADDRESS:	COUNTY:	
ADDRESS (CONT.):		
CITY:	STATE:	ZIP CODE:

Complete address is required with the exception of the County field.

For a new entry, the address listed here and the address listed on the W-9 or W-8 do not have to match; however, both must be entered on the [Address tab](#) of the Vendor Module.

Summary	Identifying Information	Address	Contacts	Location	
SetID:	STATE				
Vendor:	00000100	Short Vendor Name:	AMERICAN A_12	Name:	AMEF
<b>Vendor Address</b>					
Address ID:	1				
Description:	H				
<b>Details</b>					

For an existing entry, the old address must be listed in [Section 1](#) and must match the address in the Vendor Module. If adding an additional address, backup documentation is required.

SECTION 1 - PLEASE SPECIFY TYPE OF ACTION (MUST BE COMPLETED)	
<input type="checkbox"/> NEW (W-9 OR W-9ECI FORM ATTACHED)	<input type="checkbox"/> CHANGE OF CONTACT PERSON/INFORMATION
<input type="checkbox"/> ADDITIONAL ADDRESS - (A COPY OF AN INVOICE OR A LETTER INCLUDING THE ADDRESS IS REQUIRED)	
<input type="checkbox"/> CHANGE OF ADDRESS - (PLEASE PROVIDE OLD ADDRESS BELOW OR ATTACH LETTER)	
ADDRESS TO BE REPLACED:	
<input type="checkbox"/> 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)	
<input type="checkbox"/> 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)	
<input type="checkbox"/> CHANGE OF PAY TERMS	<input type="checkbox"/> CHANGE OF PO DISPATCH METHOD
<input type="checkbox"/> OTHER	

### Section 4 - Additional Address

SECTION 4 - ADDITIONAL ADDRESS (IF MORE THAN 2 ADDRESSES, INCLUDE A SEPARATE SHEET)		
ADDRESS:	COUNTY:	
ADDRESS (CONT.):		
CITY:	STATE:	ZIP CODE:

Additional address is not required.

For a new entry, the address listed here and the address listed on the W-9 or W-8 do not have to match; however, both must be entered on the [Address tab](#) of the Vendor Module.

Summary	Identifying Information	Address	Contacts	Location	
SetID:	STATE				
Vendor:	00000100	Short Vendor Name:	AMERICAN A_12	Name:	AMEF
<b>Vendor Address</b>					
Address ID:	1				
Description:	H				
<b>Details</b>					

For an existing entry, the old address must be listed in [Section 1](#) and must match the Vendor Module. If adding an additional address, backup documentation is required.

SECTION 1 - PLEASE SPECIFY TYPE OF ACTION (MUST BE COMPLETED)	
<input type="checkbox"/> NEW (W-9 OR W-9ECI FORM ATTACHED)	<input type="checkbox"/> CHANGE OF CONTACT PERSON/INFORMATION
<input type="checkbox"/> ADDITIONAL ADDRESS - (A COPY OF AN INVOICE OR A LETTER INCLUDING THE ADDRESS IS REQUIRED)	
<input type="checkbox"/> CHANGE OF ADDRESS - (PLEASE PROVIDE OLD ADDRESS BELOW OR ATTACH LETTER)	
ADDRESS TO BE REPLACED:	
<input type="checkbox"/> 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)	
<input type="checkbox"/> 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)	
<input type="checkbox"/> CHANGE OF PAY TERMS	<input type="checkbox"/> CHANGE OF PO DISPATCH METHOD
<input type="checkbox"/> OTHER	

In the event more than two addresses are needed, additional documentation, such as a letter, must be attached.

### Section 5 - Contact Information or Person to Receive Purchase Order

SECTION 5 - CONTACT INFORMATION OR PERSON TO RECEIVE PURCHASE ORDER		
NAME:		
WEBSITE:		
PHONE:	FAX:	EMAIL:

Contact information is not required; however, if provided this email should be added to the Tracker for the email notification process or use this information to notify the vendor when rejecting documents.

The contact information listed in this section is linked to the address listed in [Section 3](#) of this form when the information is added or updated on the [Contact tab](#) in the Vendor Module.

Identifying Information	Address	Contacts	Location	OSS
<b>Vendor Contact</b>				
SetID:	STATE			
Vendor:	NEXT	Short Vendor Name:	Name:	
<b>Vendor Contact</b> Find   View All First 1 of 1 Last				
Contact could be a regular contact person or auction contact (they will have an ebid id)				
<b>SECTION 3 - REMIT TO ADDRESS REQUIRED (MUST BE COMPLETED)</b>				
ADDRESS:		COUNTY:		
ADDRESS (CONT.):				
CITY:	STATE:	ZIP CODE:		

### Section 6 - eBid Contact Information

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	
<input type="checkbox"/> ADDITIONAL STRATEGIC SOURCING CONTACT	<input type="checkbox"/> REPLACE SS CONTACT (WILL BE MARKED INACTIVE)
NAME:	
EMAIL:	

eBid information is not required; however, if provided it must contain an individual's first and last name and email address. (Multiple names and addresses may be listed.)

The contact information listed in this section is linked to the address listed in [Section 3](#) of this form when the information is added or updated on the [Contact tab](#) in the Vendor Module.

Identifying Information	Address	Contacts	Location	OSS
<b>Vendor Contact</b>				
SetID:	STATE			
Vendor:	NEXT	Short Vendor Name:	Name:	
<b>Vendor Contact</b> Find   View All First 1 of 1 Last				
Contact could be a regular contact person or auction contact (they will have an ebid id)				
<b>SECTION 3 - REMIT TO ADDRESS REQUIRED (MUST BE COMPLETED)</b>				
ADDRESS:		COUNTY:		
ADDRESS (CONT.):				
CITY:	STATE:	ZIP CODE:		

This information is used to create a User ID in the Define Vendor User module.

If no contact is provided in [Section 5](#), then the information provided in Section 6 is used for notification purposes.

SECTION 5 - CONTACT INFORMATION OR PERSON TO RECEIVE PURCHASE ORDER		
NAME:		
WEBSITE:		
PHONE:	FAX:	EMAIL:

### Section 7 - Payment Terms

SECTION 7 - PAYMENT TERMS (PLEASE CHECK ONE - IF NONE IS SELECTED THEN NET 30 WILL APPLY)				
<input type="checkbox"/> 2/10 NET 30	<input type="checkbox"/> NET 30	<input type="checkbox"/> NET 45	<input type="checkbox"/> NET 60	<input type="checkbox"/> NET 90

Payment Terms is not a required field. If no pay terms are specified, NET 30 is default.

### Section 8 - PO Dispatch Method

SECTION 8 - PURCHASE ORDER DISTRIBUTION-OTHER THAN USPS MAIL (ONLY APPLICABLE TO THOSE RECEIVING POs)
EMAIL OR FAX:

A PO Dispatch Method is not required; however, if provided it will link to the address listed in [Section 3](#) of the form.

SECTION 3 - REMIT TO ADDRESS REQUIRED (MUST BE COMPLETED)		
ADDRESS:	COUNTY:	
ADDRESS (CONT.):		
CITY:	STATE:	ZIP CODE:

If the vendor does not supply an email or a fax, but circles their selection, information in [Section 5](#) is used.

SECTION 5 - CONTACT INFORMATION OR PERSON TO RECEIVE PURCHASE ORDER		
NAME:		
WEBSITE:		
PHONE:	FAX:	EMAIL:

The fax and/or email provided must be listed on the Address tab in the Vendor Module. Email and/or Fax PO Dispatch Method on the [Location tab](#) of the CHK location in the Vendor Module.

Summary	Identifying Information	Address	Contacts	Location	OSS
SetID:	STATE				
Vendor:	00000100	Short Vendor Name:	AMERICAN A_12	Name:	AMERICAN ATELIER INC

A vendor location is a default set of rules which define how you conduct business with a vendor.

Location
Find   View All First 2 of 2 Last

### Section 9 - Sign and Date

SECTION 9 - PLEASE SIGN & DATE (MUST BE COMPLETED)	
PRINT NAME:	
SIGNATURE: (HANDWRITTEN SIGNATURE REQUIRED)	DATE:

The form must be hand-written and is required. Electronic and stamped signatures are not accepted at this time.

The hand-written name listed in this section does not need to match the W-9 or W-8 Print Name or Date box.

The Print Name and Date boxes are not required.

### Section 10 - Agency Contact Person

SECTION 10 - STATE OF OHIO AGENCY CONTACT PERSON (AGENCY RECEIVING PAYMENTS FROM)
AGENCY CONTACT NAME/EMAIL/PHONE:

Agency Contact is not required; however, if a name and email is provided it is used for notification purposes.

### Comments Box:

COMMENTS:

The Comments box is not required; however, additional information can be provided here.