



OBM

State of Ohio - Office of Budget & Management
30 E. Broad Street, 34th Floor
Columbus, Ohio 43215-3457
<http://www.obm.ohio.gov/>

Vendor Information Form

Important: All parts of this form must be completed, signed and returned by the vendor

READ & COMPLETE CAREFULLY

New

W-9 Attached

Complete Vendor Legal Business Name: _____
Business Name, Trade Name, Doing Business As: (If different from above) _____

Business Entity (please check one): Corporation Partnership Sole Proprietor
 Non-Profit Individual Other (Specify): _____

Note: If Sole Proprietor, Individual's Name (As Owner) must appear in the Legal Business Name Above

Taxpayer ID# (TIN): SSN FEIN # _____

Vendor Address: Street City County State Zip Code Country

Contact Information: Name (Type or Print) _____

Vendor Website	_____	Vendor E-mail Address:	_____
Business Phone	Ext. #: _____	Home Phone:	_____
Fax Number	Ext.# _____	Cellular:	_____
Toll Free Phone:	111 _____	Pager:	_____

Is your business currently certified as : MBE (Minority Business Enterprise) EDGE (Encouraging Diversity, Growth & Equity)

Payment Terms: 2/10 Net 30 Net 30

Remittance Information: Indicate Below the Remittance Address of your business
 Same as Vendor Address above EFT (Electronic Funds Transfer)

Remit Address Street City State Zip Code

Note: If EFT, must complete Form OBM-1234-(Rev.5/2007) Authorization for Direct Deposit of State Warrants

For Purchase Order Distribution: 1) Check only one box below; 2) Input E-mail address or Fax # (if checked)

E-mail Fax USPS Mail

Name: _____ Phone Number: _____ E-mail Address: _____

Type/Print Name of Person completing this form _____ Telephone Number _____

Add Additional Business Address, E-mail & Contact information on a separate sheet if required.

Please send completed form to:

Agency Information Space