

**INSTRUCTIONS FOR COMPLETING THE VENDOR INFORMATION FORM
(OBM-3456-(Rev 08/20/07))**

OVERALL

- A. Check "New" to register as a vendor and to do business with the State of Ohio.
- B. Check "W-9 Attached" to confirm that a completed IRS Form W-9 (revised November, 2005 or later) is attached. This is required for all new vendors. Use the Vendor Information Change Form (OBM-3457) to make changes to the vendor information as it currently exists in OAKS.
- C. This form needs to be completed by the vendor and only reviewed by the agency.
- D. Whenever possible please have the vendor complete the original form from the OBM Website. This will help to eliminate an unreadable form being faxed. The form is under the Vendor Forms Section on the OBM website at: <http://www.obm.ohio.gov/forms/OAKS.asp>.
- E. Enter your company's Federal Tax Identification number or your Social Security number if you, as an individual are participating.

SECTION 1

- A. The Vendor Legal Business Name should match the name on the W-9.
- B. If the vendor has multiple subsidiaries doing business with the agency, then attach the needed information per subsidiary on a separate sheet. (i.e. If the subsidiary has a different remittance information or business location, then that information should be listed for each subsidiary company on a separate sheet of paper. If all subsidiaries have the same information but just different business names, then just list the different business names on an attached sheet if extra space is needed.)
- C. The Business Entity and Taxpayer ID# should be the same as listed for the IRS on the W-9 Form. Enter your company's Federal Tax Identification number or your Social Security number if you, as an individual are participating.

SECTION 2

- A. Vendor Address is the physical location of the business.
- B. Complete "Contact Information" for the business.

- C. Should the business not have a website, e-mail address, business telephone or fax number, then please state that it is non-applicable or "N/A".
- D. If the business is currently certified through the State of Ohio MBE or EDGE Program, check the appropriate box.
- E. Payment terms should be one of the following: discounted (2/10 Net 30), "Net 30", "Net 45", "Net 60" or "Net 90". Should nothing be selected it will default to "Net 30".

SECTION 3

- A. The remittance address may differ from the physical location of the business. Check the appropriate box if the remittance address is the same as the business' physical location or if using EFT. Should the Business be using the EFT, then an EFT - Direct Deposit Form (OBM-1234) needs to be completed using the instructions posted on the OBM website under the Vendor Forms Section: <http://www.obm.ohio.gov/forms/OAKS.asp>.

SECTION 4

- A. Select how the purchase order should be distributed. Fill in the appropriate information (i.e. fax number if requesting via fax).
- B. Please identify the name of the person to receive the purchase order.

If you have any questions, please contact the Issuing state agency.



STATE OF OHIO – OFFICE OF BUDGET & MANAGEMENT

NEW VENDOR INFORMATION FORM
(Replaces the old CAS VENE Form)

ALL parts of this form must be completed by the vendor and returned to the issuing state agency

READ & COMPLETE CAREFULLY

NEW

W-9 ATTACHED (REQUIRED)

SECTION 1: COMPLETE VENDOR LEGAL BUSINESS NAME (Should match W-9)

Business Name, Trade Name, Doing Business As: (If different from above)

BUSINESS ENTITY: 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 #

SECTION 2: VENDOR ADDRESS: STREET CITY COUNTY STATE ZIP CODE COUNTRY

CONTACT INFORMATION: NAME (TYPE OR PRINT)

VENDOR WEBSITE:

VENDOR E-MAIL ADDRESS:

BUSINESS PHONE & Ext #:

FAX NUMBER & Ext #:

IS YOUR BUSINESS CURRENTLY CERTIFIED AS MBE (Minority Business Enterprise) EDGE (Encouraging Diversity, Growth & Equity)

PAYMENT TERMS: (Pick one only) 2/10 Net 30 Net 30 Net 45 Net 60 Net 90

SECTION 3: 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

SECTION 4:

FOR PURCHASE ORDER (PO) DISTRIBUTION: 1) CHECK ONLY ONE BOX BELOW; 2) INPUT EMAIL ADDRESS OR FAX# (IF CHECKED)

EMAIL

FAX

USPS MAIL

NAME OF PERSON TO RECEIVE PO Distribution:

PHONE NUMBER:

E-MAIL ADDRESS:

TYPE OR PRINT NAME OF PERSON COMPLETING THIS FORM:

PHONE NUMBER:

SIGNATURE:

ADD ADDITIONAL BUSINESS ADDRESS, E-MAIL & CONTACT INFORMATION ON SEPARATE SHEET IF REQUIRED

PLEASE SEND COMPLETED FORM & QUESTIONS ABOUT THE FORM TO THE AGENCY CONTACT (information listed below):

AGENCY CONTACT INFORMATION:

Contact Name:

Contact Phone:

Contact Agency Name: