 **Vendor Data Sheet**

**Vendor Name**:

**Remitting Address Info:** (Use state and country abbreviation according to U. S. Postal Codes.)

Street Address:

City:      State:      Zip:

Phone:      Fax:      Country:

**Ordering Address** (Use state and country abbreviation according to U. S. Postal Codes.)

Street Address:

City:      State:      Zip:

Phone:      Fax:      Country:

Email:      Web Address:

**Sales Contact Accounts Receivable Contact**

Name:      Name:

Phone:      Phone:

Fax:      Fax:

Email:      Email:

**Company Status** (if applicable)

[ ] MBE\* (Minority Owned) [ ] EDGE\* [ ] Non-Profit Organization Taxpayer ID#

\*Must be State of Ohio certified

[ ] Sole Proprietor (Must indicate birth date for Sole Proprietor. Required by ORC Sec. 3121.89-3121.8911)

Birthdate:

**1099 Category Designation (check all that apply)**

[ ]  Merchandise (goods only) Type of merchandise:

[ ] Services only (consultants)

[ ] Merchandise and Services Type of Services:

[ ] Attorney/Legal Fees

[ ] Royalties Type of Merchandise and Services:

[ ] Rentals

**Sign Here**

Signed Name Title Printed Name

By signing this form, vendor is certifying that all information provided is correct and reliable and vendor is not suspended or expelled by the Federal Government or the State of Ohio from joining in Federal or State funded projects.

**Vendor Terms**: Standard SSU payment terms are net 30 days. Please indicate below if your standard terms are different.

To be completed by SSU Purchasing Dept.:

Vendor No.       CARS ID:

*Sign completed form and fax to 740.351.3567 or mail: Shawnee State University Purchasing Dept., 940 Second St, Portsmouth, OH 45662*

***www.shawnee.edu/off/prch/index.html***