

# WARREN COUNTY NEW VENDOR REQUEST FORM

Vendor Name as shown on Invoicing \_\_\_\_\_

Remittance Address \_\_\_\_\_

Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Service or Product Provided \_\_\_\_\_ Employee SS# \_\_\_\_\_

*(if service provided is "Employee reimbursement" please include the employee's SS#)*

## Type of business: (please pick one)

Corporation	<input type="checkbox"/>	Government Agency	<input type="checkbox"/>
Limited Liability Corporation (LLC)	<input type="checkbox"/>	Partnership	<input type="checkbox"/>
Individual*	<input type="checkbox"/>	Non-Profit Organization	<input type="checkbox"/>
Sole Shareholder LLC or Sole Proprietor*	<input type="checkbox"/>		

## \*Required for all Individuals, Sole Shareholder LLCs, and Sole Proprietors:

Birth Date \_\_\_\_\_ Do you have 5 or more employees?      Y      N

*If you checked Individual, Sole Shareholder LLC, or Sole Proprietor **AND** you are providing a service **AND** you have fewer than 5 employees please attach an OPERS Independent Contractor/Worker Acknowledgment form.*

Are you a current employee of Warren County?      Y      N      Dept. \_\_\_\_\_

Are you retired from an Ohio governmental retirement system?      Y      N

If yes, which one? \_\_\_\_\_ Retirement date \_\_\_\_\_

Government retired from \_\_\_\_\_

## County Office Information

Office submitting this form \_\_\_\_\_

Department Signature \_\_\_\_\_

## Auditor Office Use Only

Vendor Number \_\_\_\_\_ Date \_\_\_\_\_

Processed by \_\_\_\_\_ For Vendor request and Vendor Change forms, please use the following guidelines:

Additional Information: \_\_\_\_\_ \* New Vendor with Vendor Name or First Initial last name for New Vendor request

\*VC with Vendor number and name for Vendor Change request

\*30 space maximum (limit set by EERP)