



## Supplier: Doing Business As

**\*IRS W9 Required**

### Section 1 - Provider / Supplier Information

Employer Identification Number (EIN) or Social Security Number (SSN):

*(no dashes or spaces)*

Legal Business or Individual Name: \_\_\_\_\_  
*(Must match W-9 or W-8 Form)*

Business Name, Trade Name, Doing Business As: \_\_\_\_\_  
*(If different than above)*

### Section 2 - Remit To Address

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

**Contact Name:**

First: \_\_\_\_\_ Last: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

### Section 3 - Additional Addresses - Optional *(if more than 2 addresses, include on a separate sheet)*

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

## Section 4 - Supplier Portal Administrator

### Administrator Name:

First: \_\_\_\_\_ Last: \_\_\_\_\_

Phone  
Number: \_\_\_\_\_

Supplier Portal UID# (OH/ID): \_\_\_\_\_

Click the lock icon  in the upper right hand corner of the Supplier Portal and your 8 digit UID# will display below your name

Supplier Portal Email UID (OH/ID): \_\_\_\_\_

## Section 5 - Purchase Order Distribution - Other than USPS Mail - Optional *(only applicable to those receiving POs)*

Email or Fax Number: \_\_\_\_\_

## Section 6 - State of Ohio Agency Contact - *OPTIONAL (for state agencies who are receiving payments)*

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Comments

To ensure all information is captured, please use **Adobe Acrobat Reader** (click [HERE](#) for free download) or **Adobe Acrobat Pro ONLY** to fill out and save this form. Some data fields and functionality of this form are not fully supported by third-party editing software such as PDF-Xchange.