



Supplier Reactivation

Special Instructions:

To ensure all banking information is current, please contact the **OBM Shared Services Contact Center** (877-644-6771) or complete an **EFT Authorization Agreement for Direct Deposit**.

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.

Section 1 - Provider / Supplier Information

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

(no dashes or spaces)

Legal Business or Individual Name: _____

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

Section 2 - Supplier Portal Administrator

Administrator Name:

First: _____

Last: _____

Phone Number: _____

Fax Number: _____

Please visit the Supplier Portal at supplier.ohio.gov and follow the instructions to create an OH/ID

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 3- Add or Change (Required)

Additional Address

Change Address

No Change

Section 4 - Existing Address / Old Address (Validation)

Address: _____

City: _____ State: _____ ZIP: _____

Section 5 - Additional Address / New Remit To Address

Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Email: _____

Phone: _____ Fax: _____

Section 6 - Sign and Date

Name: _____ Title: _____

Signature: _____ Date: _____

Hand written signatures are required.
Please print, sign, and then fax or scan & email

Submitting the Form to the Office of Budget and Management

All sections must be completed (unless labeled as optional) or the form will not be processed. Incomplete forms will be returned.
All information must be legible. Ensure this is the latest version of the form at www.StateSupplier.Ohio.Gov

Submit to one of the following:

Email: Supplier@Ohio.Gov
Fax: 1-614-485-1052
Mail: OBM Shared Services
Attn: Supplier Operations
P.O. Box 182880 Cols., OH 43218-2880

Questions? Need Help? Please Contact:

Phone: 1-877-OHIO-SS1 (1-877-644-6771)
1-614-338-4781
Website: <https://supplier.ohio.gov>
Email: Supplier@Ohio.Gov

NOTE: This document contains sensitive information. Sending via non-secure channels, including email and fax, can be a potential security risk. Pursuant to 26 USC 6109, the state is required to collect TIN / EIN / SSN and to use the numbers in its annual report to the IRS on the amount the state has paid each supplier.

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