



# VENDOR FORM

|  |   |
|--|---|
| <b>Check mark one of the following:</b>    |   |
| <input type="checkbox"/> <b>New Vendor</b> | <input type="checkbox"/> <b>Current Vendor-Updating Information</b> |

|  |  |                          |  |
|--|--|--------------------------|--|
| <b>Vendor Name:</b>                                |  |                          |  |
| <b>Mailing Address:</b>                            |  | <b>Remit to Address:</b> |  |
| <b>City, State, Zip:</b>                           |  | <b>City, State, Zip:</b> |  |
| <b>Accounts Receivable E-mail (if applicable):</b> |  |                          |  |
|  |  |                          |  |
| <b>Federal Tax ID or SSN:</b>                      |  | <b>DUNS Number:</b>      |  |
| <b>Contact Person:</b>                             |  |                          |  |
| <b>E-mail Address:</b>                             |  |                          |  |

A completed W9 form must be submitted along with this application: <http://www.irs.gov/pub/irs-pdf/fw9.pdf>

**Tax Reporting Name or Business Name:** \_\_\_\_\_  
 Name shown on required federal tax documents (if different than the vendor/payee name).

**1099 Tax Reporting:** Please indicate if any of the following categories apply to your business.

- Attorney or Legal Firm   
  Medical Services by Individuals and/or Partnerships   
  Medical Services by Corporations

**Business Classification:** Please check one.

- Association                     
  Government Agency                     
  Partnership                     
  Sole Proprietorship  
   
  Federal     State     Local     Other Individual
- Corporation                     
  Limited Liability                     
  Private  
   
  Company     Partnership                     
  For Profit     Non-Profit

**Payment Terms:** The University's payment terms are net 30 days from the date the invoice is received by the University. The University will make every attempt to process payment within the vendors discount terms, if applicable. Original invoices must be sent to the University's Accounts Payable Department. When applicable, the purchase order or contract ID # must be referenced on the invoice.

|  |   |
|--|---|
| <p><b>Select one of the following methods for documents submission:</b></p> <p><b>E-mail:</b> Payables@otterbein.edu<br/> <b>Fax:</b> (614) 823-1512<br/> <b>Mail:</b> Otterbein University<br/>         Attn: Accounts Payable<br/>         1 South Grove Street<br/>         Westerville, OH 43081</p> | <p><b>Questions? Please Contact:</b></p> <p><b>Phone:</b> (614) 823-1123<br/> <b>E-mail:</b> Payables@otterbein.edu</p> |
|--|---|



# VENDOR FORM

**Business Type:** Select all that apply. You must select at least one.

- American Woman-Owned Small Business
- Encouraging Diversity, Growth and Equity (EDGE)
- Hub Zone Business
- Minority Business Enterprise (MBE)
- Government Agency
- Other
- Otterbein Employee Business
- Otterbein Alumni Business
- Westerville Business
- Veteran-Owned
- Out of State -Not an Ohio Vendor

**Otterbein University Participation:**

Are you or any member of your family an employee of Otterbein University?  Yes  No  
If yes, enter name and social security number (use additional pages if more than one).

|               |             |     |  |
|---------------|-------------|-----|--|
| Last Name:    | First Name: | MI: |  |
| Relationship: | Division:   |     |  |

Are any significant stock holders (10% or more of the current authorized stock), partners or employees in a decision making capacity of your organization employees of Otterbein University?  Yes  No  
If yes, enter name and social security number (use additional pages if more than one).

|               |             |     |  |
|---------------|-------------|-----|--|
| Last Name:    | First Name: | MI: |  |
| Relationship: | Division:   |     |  |

By signing below I certify that the above statements are true and correct to the best of my knowledge. I understand that any false information provided will jeopardize my standing as an Otterbein University vendor.

Authorized By: \_\_\_\_\_ Title: \_\_\_\_\_

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

# VENDOR CATEGORIES

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

Please check the most appropriate category which applies to your business.

**FACILITIES:**

- CONSTRUCTION
- MAINTENANCE & REPAIR PRODUCTS
- MAINTENANCE & REPAIR SERVICES
- UTILITIES
- FURNITURE
- FLEET
- REAL ESTATE

**FINANCIAL SERVICES:**

- BANKING
- INSURANCE
- BENEFITS

**PROFESSIONAL SERVICES:**

- ACCOUNTING
- LEGAL
- MARKETING
- STAFFING

**LIBRARY RESOURCES:**

- BOOKS
- SERIALS
- DATABASES

**INFORMATION TECHNOLOGY:**

- COMPUTER HARDWARE
- IMAGING EQUIPMENT
- TELECOMMUNICATIONS
- SOFTWARE
- AUDIO / VISUAL
- IT SERVICES

**TRAVEL:**

- AIR TRAVEL
- LODGING
- GROUND TRANSPORTATION
- AGENCY
- ENTERTAINMENT

**SCIENTIFIC & MEDICAL:**

- SCIENTIFIC SUPPLIES
- MEDICAL SUPPLIES
- PROFESSIONAL CLINICAL SERVICES

**ADMINISTRATIVE:**

- OFFICE SUPPLIES
- SERVICES
- SHIPPING & LOGISTICS
- GENERAL RETAIL

**FOODSERVICE:**

- FOODSERVICE MANAGEMENT
- FOODSERVICE PRODUCTS
- CATERING

Return completed vendor applications to Otterbein University Accounts Payable Department: [Payables@otterbein.edu](mailto:Payables@otterbein.edu).