

## New Vendor Request Form

Requested vendor : Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

Reason for request: \_\_\_\_\_  
\_\_\_\_\_

Anticipated frequency of use: \_\_\_\_\_

Vendor accepts purchase orders Yes \_\_\_\_\_ No \_\_\_\_\_  
Vendor is in the United States Yes \_\_\_\_\_ No \_\_\_\_\_  
Vendor is a family member of an ESC employee Yes \_\_\_\_\_ No \_\_\_\_\_

**\*\*Vendors outside the United States will not be permitted.\*\***

Requested by: \_\_\_\_\_

Supervisor approval: \_\_\_\_\_

.....  
***Treasurer's Office Use Only:***

Ohio Secretary of State Business Filing Portal \_\_\_\_\_  
Auditor of State Findings for Recovery Database \_\_\_\_\_  
U.S. System for Award Management (SAM) Excluded Parties \_\_\_\_\_  
W-9 date requested \_\_\_\_\_

**\*\*Must have a completed W9 before Vendor will be approved\*\***

***Treasurer approval:*** \_\_\_\_\_

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New vendor # \_\_\_\_\_  
Entered in USAS \_\_\_\_\_