

# COLUMBUS STATE

COMMUNITY COLLEGE

## Supplier Registration Form & Substitute W-9

Completion of this form ensures that your company will be registered with the College.  
It does not guarantee that your company will be contacted for purchases needing a quote or bid.

**Name** (as shown on your income tax return)

**Business Name** if different from above

**Check appropriate box for federal tax classification:**

Other

Individual/sole proprietor

Corporation

S Corporation

Partnership

Trust/estate

Limited liability company

**Address** (number, street, and apt or suite no.):

**City**

**State**

**Zip**

**Taxpayer Identification Number (TIN)**

Social Security Number

OR Employer identification number

*Under penalties of perjury, I certify that: The number shown on this form is my correct tax payer identification number. I have not been notified by the Internal Revenue Service that I am subject to back withholding as a result of failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding. I am a U. S. person (including a U.S. resident alien).*

**Sign Here** signature of U.S. Person

**Date**

**Mailing Address** (Correspondence & Purchase Orders):

**Check Remit Address** (Payment of Invoices):

**Principle Contact Name**

**Title/Position**

**Telephone**

**Fax**

**E-Mail**

Are you a Minority Business Enterprise certified with the State of Ohio? If yes, please indicate which one: **MBE** **EDGE**

Are you certified as a MBE or disadvantaged vendor by an organization **other than the State of Ohio**? If yes, please indicate type and submit a copy of your certification

**OMSDC**

**NMSDC**

**Franklin County**

**City of Columbus**

**OTHER**

Products/Services that your company sells

Please return this form or any future changes to the above information to: [purchasing@cscce.edu](mailto:purchasing@cscce.edu) or fax 614-287-2545