

COLUMBUS STATE

COMMUNITY COLLEGE

Vendor 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:

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 disadvantage vendor by an organization other than the State of Ohio? If yes, please indicate which one:

OMSDC

NMSDC

Franklin County

City of Columbus

OTHER: _____

****Please submit a copy of your certification****

Products/Services that your company sells: _____