

## Vendor Registration Form

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.

Company Name: \_\_\_\_\_

DBA Name (if applicable): \_\_\_\_\_

Parent Company (if applicable): \_\_\_\_\_

Mailing Address (Correspondence & purchase orders): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Remittance Address (payment of invoices): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Products/services that your company sells \_\_\_\_\_

Telephone No:(     ) \_\_\_\_\_ Fax No.(     ) \_\_\_\_\_

Business Description:     \_\_\_\_\_ Corporation     \_\_\_\_\_ Individual

Federal Tax ID No. \_\_\_\_\_ State Tax ID No. \_\_\_\_\_

Are you a Minority Business registered with the **State Of Ohio**?     Yes     No  
If yes, please attach a copy of your certificate with this form

E-mail address:

\_\_\_\_\_

Principal Contacts: (please print)

	Name	Title/Position	Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

\*\*\* Please return this form and the W-9 to **Columbus State Community College Attn: Debbie Strain** by fax to (614) 287-2545.