



New Vendor Request Form - * indicates a required field

Submit this request with an IRS W-9 Form. Vendor must type in (or complete legibly), print, sign and securely upload both documents to: <https://ysd.ysu.edu/newvendor>.

YSU Contact Information (Must currently be working with a YSU Representative or information will not be entered).

*Name of YSU Contact _____ *Email _____

Ordering Address/Information

*Company/Individual Name _____

*Doing Business As (DBA) _____

*US Citizen Yes No Business EIN # _____ or SS# _____

*Address _____

*City _____ *State _____ *Zip _____ *E-Mail _____

Country (If not U.S.) _____ Website Address _____

*Phone # _____ Fax # _____

Remit to Address (if different than above) _____

*City _____ *State _____ *Zip _____

*Preferred method of PO distribution Email Fax

*Detailed Description of Goods/Services being Provided:

Company Group Purchasing Organizations/Contracts (list GPO and contract #'s):

Supplier Class – list if Disabled Business, Minority Vendor, EDGE Certified, Veteran Owned, MBE Ohio Certified, etc.

*Print Name _____

*Vendor Signature _____

By signing this form, vendor is certifying that all information provided is correct and reliable and vendor is not suspended or expelled by the Federal Government or State of Ohio from joining in Federal or State funded projects. Standard Payment terms are net 30 days.

Procurement Use Only: C.O.I. | DB. | Approve ____ Deny ____