

WARREN COUNTY NEW VENDOR REQUEST FORM

Vendor Name as shown on Invoicing _____

Remittance Address _____

City _____

State _____ Zip _____ Email _____

Telephone _____ Fax _____

Type of business or service _____

Federal Tax ID Number _____ Social Security Number _____

Are you a current employee of Warren County? Y N Department _____

Is this vendor retired from any of the following retirement systems? Y N If yes, select system below.

OPERS STRS SERS OP&F HPRS CRS

Retirement date _____ County Retired from _____

If a retirement system is selected please attach the OPERS Independent Contractor form

County Department Use Only

Office submitting this form _____

Department Signature _____ Date _____

Auditor Office Use Only

Vendor Number _____

(To be assigned by the Auditor's Office)

Processed by _____ Date _____

Additional Information: _____

Vendor Information Sheet

Ownership type of business: (check one)

Corporation _____

Limited Liability Company _____

Non Profit Organization _____

Government Agency _____

Partnership _____

*Individual _____

*Sole Proprietor _____

*Limited Liability Company owned by a Sole Shareholder _____

***Required for all individuals, Sole Proprietors and Sole Shareholders of an LLC:**

Birth Date: _____ **Social Security Number:** _____

More than 5 employees? Y N

Warren County Vendor Number