

# WARREN COUNTY NEW VENDOR REQUEST FORM

Vendor Name as shown on Invoicing \_\_\_\_\_

Remittance Address \_\_\_\_\_

Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Service or Product Provided \_\_\_\_\_

Type of business: (please pick one)

Corporation

Limited Liability Corporation (LLC)

Individual\*

Sole Shareholder LLC or Sole Proprietor\*

Government Agency

Partnership

Non-Profit Organization

*\*Required for all Individuals, Sole Shareholder LLCs, and Sole Proprietors:*

Birth Date \_\_\_\_\_

Do you have 5 or more employees?      Y      N

*If you checked Individual, Sole Shareholder LLC, or Sole Proprietor AND you are providing a service AND you have fewer than 5 employees please attach an OPERS Independent Contractor/Worker Acknowledgment form.*

Are you a current employee of Warren County?      Y      N      Dept. \_\_\_\_\_

Are you retired from an Ohio governmental retirement system?      Y      N

If yes, which one? \_\_\_\_\_ Retirement date \_\_\_\_\_

Government retired from \_\_\_\_\_

## County Office Information

Office submitting this form \_\_\_\_\_

Department Signature \_\_\_\_\_

## Auditor Office Use Only

Vendor Number \_\_\_\_\_ Date \_\_\_\_\_

Processed by \_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_