

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:

Please include either the Federal Tax ID Number or the Social Security Number for the Vendor, this is required on this form and will not be approved without one or the other

Must Match
W-9

This
Section
must be
completed