



Supplier Information Form: Foreign Supplier

Section 1 - Please Provide Supplier Information

Legal Business or Individual Name:
(W-8ECI Form) _____

Business Name, Trade Name, Doing Business As:
(If different than above) _____

Section 2 - Remit To Address

Contact Name _____

Address: _____

Address: _____

City _____ State: _____ Zip Code: _____

County: _____ Country: _____

Phone Number: _____ Fax Number: _____

Email: _____

Section 3 - Additional Addresses - Optional *(if more than 2 addresses, include on a separate sheet)*

Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

County: _____

Section 4 - Purchase Order Distribution - Other than USPS Mail - Optional *(only applicable to those receiving POs)*

Email or Fax Number: _____

Section 5 - Required Attachments *(make sure these documents are also submitted along with this form)*

IRS W-8 Form

Section 6 - New Supplier Portal Administrator

Administrator Name: _____

Title: _____ Phone Number: _____

Email: _____

Supplier Portal UID# (OH/ID): _____

(Click the lock icon  in the upper right hand corner of the Supplier Portal and your 8 digit UID# will display below your name)

Section 7 - State of Ohio Agency Contact - OPTIONAL *(for state agencies who are receiving payments)*

Agency Contact Name: _____

Agency Contact Phone: _____ Agency Contact Email: _____

Comments

Section 8 - Sign and Date

Name: _____ Title: _____

Signature: _____ Date: _____

*Hand written signatures are required.
Please print, sign, and then fax or scan & email*

NOTE: *This document contains sensitive information. Sending via non-secure channels, including email and fax, can be a potential security risk. Pursuant to 26 USC 6109, the state is required to collect TIN / EIN / SSN and to use the numbers in its annual report to the IRS on the amount the state has paid each supplier.*