

Cleveland State University Supplier Information Form

Please complete the form and return to supplierform@csuohio.edu with all supporting documentation attached. The form must be filled out completely to be made available to end users at the University who seek to do business with you. **A W9 form must also be included with this submission.**

Step	Action
1	<p>Company Name (Full legal business names as filed with the State of Ohio)</p> <p>_____</p> <p>(You will have an opportunity to provide DBA alias further on)</p>
2	<p>Payment Terms Check your company's payment term below:</p> <p><input type="checkbox"/> Net 30 <input type="checkbox"/> Net 60 <input type="checkbox"/> Net 90</p>
3	<p>Do you accept credit cards?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
4	<p>Do you accept PO's?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
5	<p>Does the company have any previous work experience with Cleveland State University?</p> <p>If yes, provide the company name when the work was performed _____ When was the work performed? _____ Name of the CSU contact _____</p>
6	<p>Vendor Type You can select more than one</p> <p><input type="checkbox"/> Construction <input type="checkbox"/> Goods <input type="checkbox"/> Service</p>
7	<p>Main Office Address/Phone/Fax</p> <p>Address Line 1 _____ Address Line 2 _____ City _____ State _____ Zip _____ Phone _____ Fax _____</p>

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8	<p>Owner/President and Two Primary Officers List the business owners/President and two primary officers.</p> <p>President/Owner Name: _____</p> <p>Title: _____</p> <p>Email Address: _____</p> <p>Phone: _____</p> <p>Primary Officer #1 Name: _____</p> <p>Title: _____</p> <p>Email Address: _____</p> <p>Phone: _____</p> <p>Primary Officer #2 Name: _____</p> <p>Title: _____</p> <p>Email Address: _____</p> <p>Phone: _____</p>
9	<p>Company Web Site</p> <p>If your company has a web site, note the URL here:</p> <p>http://_____</p>
10	<p>Dun & Bradstreet Number</p> <p>_____</p>
11	<p>UNSPC Code</p> <p>Note your UNSPC Code or codes:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

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12	NAICS Codes Note your NAICS Code or codes _____ _____ _____ _____
13	Minority Genre Select the description that best describes your genre: <input type="checkbox"/> African American <input type="checkbox"/> Asian American <input type="checkbox"/> Caucasian American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Native American
14	Annual Revenue in US \$ _____
15	Number of Employees _____
16	Year the Company was Established _____
17	Capacity Insurance Amounts: _____ Bond Capacity: _____ Special Licenses: _____ Unique Certifications (Other than minority certifications): _____ _____ Special Abilities/Services: _____ Security Clearance: _____ Other Similar Indicators: _____

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19	<p>Company Summary</p> <p>Compose 1-2 paragraphs that describe your company and the goods and services that you provide. This information should be helpful to the buyer in determining if your goods or services have the ability to fulfill the current needs.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
20	<p>Legal Entity Type</p> <p>Select the one that applies:</p> <p><input type="checkbox"/> Corporation</p> <p><input type="checkbox"/> Individual</p> <p><input type="checkbox"/> LLC</p> <p><input type="checkbox"/> Non-profit</p> <p><input type="checkbox"/> Proprietor</p>

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22	<p>Key Clients List the names of your top 10 clients:</p> <ol style="list-style-type: none">1. _____2. _____3. _____4. _____5. _____6. _____7. _____8. _____9. _____10. _____
23	<p>Business Alternate/Alias (Example: "Absolutely Best Company" is also doing business as ABC) List alias/variant names under which the business is known:</p> <p>Alias : _____</p> <p>Alias: _____</p> <p>Alias: _____</p> <p>Alias: _____</p>

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References

List three clients of your business:

(These references will be contacted when you submit this form. All vendors will be vetted before being entered into the supplier database.)

Reference 1 Company Name: _____

Contact Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Email Address: _____

Reference 2 Company Name: _____

Contact Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Email Address: _____

Reference 3 Company Name: _____

Contact Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Email Address: _____

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Check all below that apply to your business:

- 8A Certified Business
- IUC/State Term Schedule
- Small Business Enterprise
- Ohio EDGE Certified
- Women Owned Business
- Disadvantaged Business Ent
- WBENC
- NMSDC or COMSDC
- Small Disadvantage Business
- Veteran Owned Small Business
- HUB Zoned Small Business
- Service- Disabled VOSB
- OH Certified Minority Bus Ent

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3rd Party Minority/Veteran/Woman-Owned Certificates

Third- party verification of company minority status is required. Select all certificates that apply and note the expiration date of the certificate. Each certificate must be scanned and saved as an individual PDF file and sent as attachment(s) with this completed form.

	Note Expiration Date Below
<input type="checkbox"/> 8(a)	
<input type="checkbox"/> City of Cleveland	
<input type="checkbox"/> City of Columbus	
<input type="checkbox"/> DFWMBC Certified	
<input type="checkbox"/> DOMAWBD	
<input type="checkbox"/> Hub Zone	
<input type="checkbox"/> Maryland DOT	
<input type="checkbox"/> MBE	
<input type="checkbox"/> MMBDC	
<input type="checkbox"/> New Jersey Commerce Commission	
<input type="checkbox"/> NMSDC	
<input type="checkbox"/> OMSDC Certified	
<input type="checkbox"/> NWBOC	
<input type="checkbox"/> Ohio Certified EDGE	
<input type="checkbox"/> Ohio Certified MBE	
<input type="checkbox"/> PAUCP	
<input type="checkbox"/> SCOMC Certified	
<input type="checkbox"/> SLMBC	
<input type="checkbox"/> SOMWBA Certified	
<input type="checkbox"/> State of Florida	
<input type="checkbox"/> VMSSDC Certified	
<input type="checkbox"/> VOB	
<input type="checkbox"/> WBENC Certified	
<input type="checkbox"/> WOBE	
<input type="checkbox"/> Other	