

Cleveland State University Supplier Information Form

Please complete the form and return to l.mccombs11@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.

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

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

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12	<p>NAICS Codes Note your NAICS Code or codes</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> </div> <div style="width: 45%;"> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> </div> </div>
13	<p>Minority Genre Select the description that best describes your genre:</p> <p> <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 </p>
14	<p>Annual Revenue in US \$</p> <p>_____</p>
15	<p>Number of Employees</p> <p>_____</p>
16	<p>Year the Company was Established</p> <p>_____</p>
17	<p>Capacity</p> <p>Insurance Amounts: _____</p> <p>Bond Capacity: _____</p> <p>Special Licenses: _____</p> <p>Unique Certifications (Other than minority certifications): _____</p> <p>_____</p> <p>Special Abilities/Services: _____</p> <p>Security Clearance: _____</p> <p>Other Similar Indicators: _____</p>

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18	Products/Services Offered List the products/services offered by your business _____ _____
19	Company Summary 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. _____ _____ _____ _____ _____ _____ _____ _____
20	Legal Entity Type Select the one that applies: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> Non-profit <input type="checkbox"/> Proprietor

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Briefly Describe 3 Past Projects, Contracts or Experiences

This should illustrate company expertise. Please limit each description to one paragraph

Description 1:

[illegible]

Description 2:

Description 3:

[illegible]

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22	Key Clients List the names of your top 10 clients: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____
23	Business Alternate/Alias (Example: "Absolutely Best Company" is also doing business as ABC) List alias/variant names under which the business is known: Alias : _____ Alias: _____ Alias: _____ Alias: _____

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24	<p>References</p> <p>List three clients of your business:</p> <p>Reference 1 Company Name: _____</p> <p>Contact Name: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>State: _____</p> <p>Zip: _____</p> <p>Phone: _____</p> <p>Email Address: _____</p> <p>Reference 2 Company Name: _____</p> <p>Contact Name: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>State: _____</p> <p>Zip: _____</p> <p>Phone: _____</p> <p>Email Address: _____</p> <p>Reference 3 Company Name: _____</p> <p>Contact Name: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>State: _____</p> <p>Zip: _____</p> <p>Phone: _____</p> <p>Email Address: _____</p>
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25	<p>Check all below that apply to your business:</p> <ul style="list-style-type: none"><input type="checkbox"/> 8A Certified Business<input type="checkbox"/> IUC/State Term Schedule<input type="checkbox"/> Small Business Enterprise<input type="checkbox"/> Ohio EDGE Certified<input type="checkbox"/> Women Owned Business<input type="checkbox"/> Disadvantaged Business Ent<input type="checkbox"/> WBENC<input type="checkbox"/> NMSDC or COMSDC<input type="checkbox"/> Small Disadvantage Business<input type="checkbox"/> Veteran Owned Small Business<input type="checkbox"/> HUB Zoned Small Business<input type="checkbox"/> Service- Disabled VOSB<input type="checkbox"/> 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"/> VMSDC Certified	
<input type="checkbox"/> VOB	
<input type="checkbox"/> WBENC Certified	
<input type="checkbox"/> WOBE	
<input type="checkbox"/> Other	