

EAST CLINTON LOCAL SCHOOL DISTRICT

97 College Street, Lees Creek, OH 45138
Phone (937) 584-2461 Fax (937) 584-2817

OHIO VENDOR FORM

Name	
Business Name- if different from above	Federal Tax I.D.
Address	
City, State, and ZIP code	Telephone

Please answer the following questions:

Are you an individual contractor? _____Yes _____ No

(An individual is one who provides services to our district under a contract as an independent contractor.)

Are you the sole shareholder of a corporation? _____Yes _____No

Are you the sole member of a limited liability company? _____Yes _____No

If you answered "Yes" to any of the question above, please complete the following information, required per Ohio Revised Code, section 3121.89:

Owner's Home Address	
City, State, and ZIP code	Telephone
Social Security Number	Date of Birth

Is the company non-profit? _____Yes _____No

Certification: Under penalties of perjury, I hereby certify that the information provided above is correct.

Signature

Position

Date

Note: No check will be issued in payment of goods or services until this completed form and/or an invoice containing the requested information is received in the Treasurer's Office if the East Clinton Local School District, located at the above address.

FOR OFFICE USE ONLY:

Initial P.O. Date _____

Initial date reported to ODJFS: _____