CHANGE OF SUPPLIER NAME FORM

This form must be submitted with a completed Supplier Information Form and a completed W9 Form

SECTION 1 – NEW NAME INFORMATION

NEW LEGAL BUSINESS NAME: EFFECTIVE DATE:

NEW DBA NAME/S (IF APPLICABLE):

SECTION 2 – PREVIOUS NAME INFORMATION

PREVIOUS LEGAL BUSINESS NAME:

PREVIOUS DBA NAME/S (IF APPLICABLE):

SECTION 3 – REASON FOR THE NAME CHANGE AND ADDITIONAL COMMENTS

SECTION 4 – TAX IDENTIFICATION NUMBER

FEDERAL TAX ID (TIN), EMPLOYER ID (EIN) OR SOCIAL SECURITY NUMBER (REQUIRED[1]):

SECTION 5– PLEASE SIGN AND DATE

PRINT NAME:

AUTHORIZED SIGNATURE:

CONTACT E-MAIL ADDRESS

DATE:

CONTACT PHONE NUMBER:

Note: This document does contain sensitive information. Sending via non-secure channels, including e-mail and fax can be a potential security risk.

[1] Pursuant to 26 USC 6109, the state is required to collect TIN/EIN/Social Security numbers and to use the numbers in its annual report to the IRS the amount the state has paid each vendor.

SELECT ONE OF THE FOLLOWING METHODS FOR DOCUMENT SUBMISSION:

E-mail: supplier@ohio.gov
Fax: 1 (614) 485-1052
Mail: Ohio Shared Services
Attn: Supplier Operations
P.O. Box 182880 Cols., OH 43218-2880

QUESTIONS? PLEASE CONTACT:

Phone: 1 (877) OHIO-SS1 (1-877-644-6771)
1 (614) 338-4781
Website: www.OhioSharedServices.ohio.gov
E-mail: supplier@ohio.gov