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	**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: ☐ Net 30 ☐ Net 60 ☐ Net 90
3	**Do you accept credit cards?** ☐ Yes ☐ No
4	**Do you accept PO's?** ☐ Yes ☐ 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 ☐ Construction ☐ Goods ☐ 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	**NAICS Codes** Note your NAICS Code or codes _____ _____ _____ _____ _____ _____ _____ _____
13	**Minority Genre** Select the description that best describes your genre: ☐ African American ☐ Asian American ☐ Caucasian American ☐ Hispanic American ☐ 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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18	**Products/Services Offered** List the products/services offered by your business

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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: ☐ Corporation ☐ Individual ☐ LLC ☐ Non-profit ☐ Proprietor

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21	**Briefly Describe 3 Past Projects, Contracts or Experiences** This should illustrate company expertise. Please limit each description to one paragraph **Description 1:**

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	Description 2:

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	Description 3:

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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	**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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25	**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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26 **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
☐ 8(a)	
☐ City of Cleveland	
☐ City of Columbus	
☐ DFWMBC Certified	
☐ DOMAWBD	
☐ Hub Zone	
☐ Maryland DOT	
☐ MBE	
☐ MMBDC	
☐ New Jersey Commerce Commission	
☐ NMSDC	
☐ OMSDC Certified	
☐ NWBOC	
☐ Ohio Certified EDGE	
☐ Ohio Certified MBE	
☐ PAUCP	
☐ SCOMC Certified	
☐ SLMBC	
☐ SOMWBA Certified	
☐ State of Florida	
☐ VMSDC Certified	
☐ VOB	
☐ WBENC Certified	
☐ WOBE	
☐ Other	