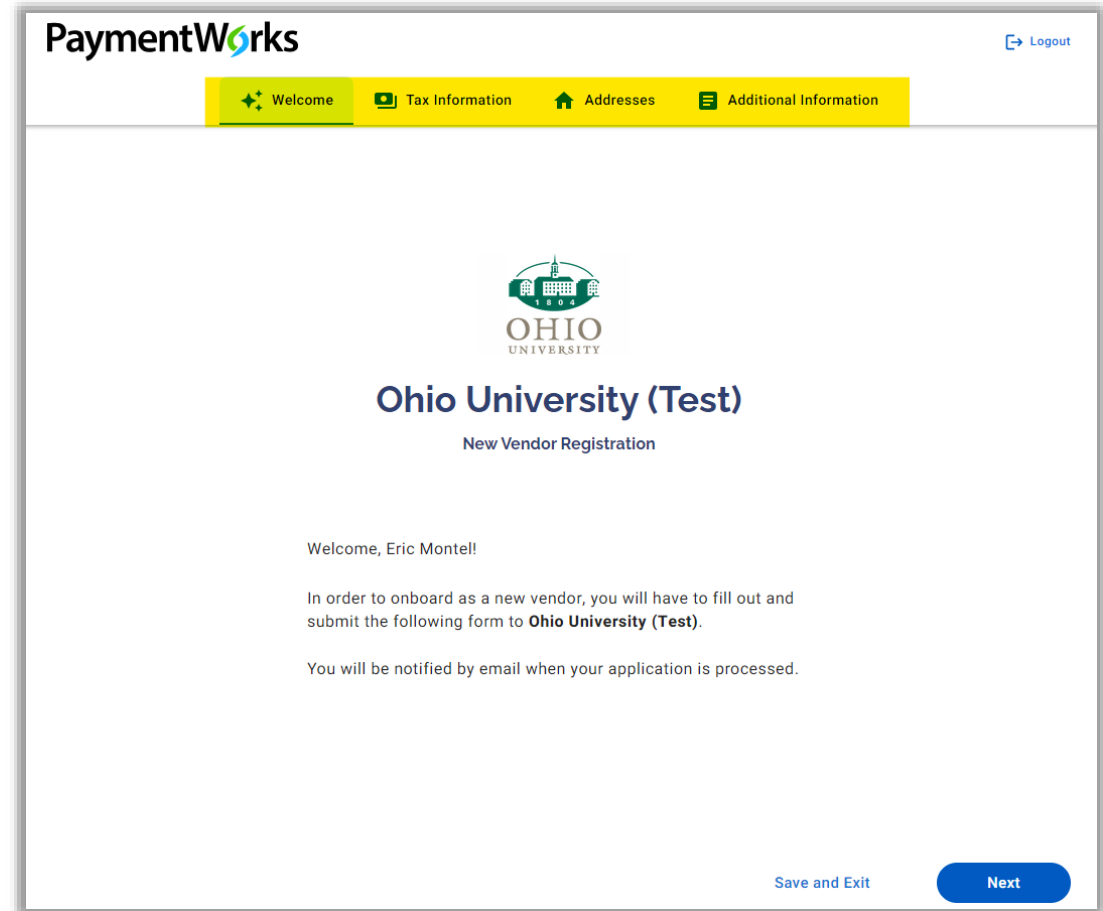



New Vendor Registration (NVR)

- NVR is broken down into four tabs
 - Welcome Message – displayed to the right
 - Tax Information
 - Addresses
 - Additional Information – This section has OHIO specific questions



PaymentWorks [Logout](#)

Welcome Tax Information Addresses Additional Information


OHIO
UNIVERSITY

Ohio University (Test)
New Vendor Registration

Welcome, Eric Montell!

In order to onboard as a new vendor, you will have to fill out and submit the following form to **Ohio University (Test)**.

You will be notified by email when your application is processed.

[Save and Exit](#) [Next](#)

Tax Information Tab

Tax Information

All fields marked with a red asterisk (*) are required fields.
All other fields are optional.

For tax purposes, which best describes you?*

Individual, Sole Proprietorship, or Single-member LLC

Corporation or other complex business entity

Country of Incorporation or Organization*
Select an Option
United States

Business Legal Name*
Legal Name is defined as your company's official name that appears on government and legal forms and is tied to your company's Tax Identification number.
Enter Text Here

EIN*
9 digits, no dashes or spaces
Enter Value Here

Confirm EIN*
Enter Value Here

Tax Classification*
This can be found on section 3 of your W-9.
Select an Option

Tax Information

All fields marked with a red asterisk (*) are required fields.
All other fields are optional.

Generate Electronic W-9*

When you use PaymentWorks, we will create an IRS form W-9 for you automatically, unless you opt out. Electronic W-9s are convenient for you and provide enhanced security for your information. You may wish to opt-out of electronic W-9 generation if you have any exemptions (Section 4) or specific signature requirements (see instructions on page 4 and 5 of the W-9).

Yes
 No

Form W-9 Certifications
You have chosen to submit your Form W-9 electronically. Please confirm the following certifications:

Tax ID Type
 The Tax ID number shown on this form is my correct taxpayer identification number

Backup Withholding
I am not subject to backup withholding because:
(a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.
 Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

Citizenship
 I am a U.S. citizen or other U.S. person

Certification Instructions
You must uncheck item 2 ("Backup Withholding") above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II on page 3 of the IRS form W-9

Company Information

All fields marked with a red asterisk (*) are required fields.
All other fields are optional.

if applicable
 Data universal numbering system (DUNS)
 Unique Entity ID (UEI)

Business Name or DBA*
Business Name or DBA is defined as the name your company uses to present itself to the public. This name may not necessarily be tied to your Tax Identification Number.
Enter Text Here

Telephone Number*
Enter Telephone Here
(740) 529-2514 ext.

Preferred Email*
Enter Email Here

Website
Enter Value Here

Description of Goods or Services
Enter Text Here

4/2023, 9:11:41 AM Save and Exit Next

Supplier's tax ID number and name is validated through the IRS database.

Addresses Tab

PaymentWorks

Welcome Tax Information **Addresses** Additional Information

Primary Address

All fields marked with a red asterisk (*) are required fields.
All other fields are optional.

Country*
Select an Option
United States

Street 1*
Enter Text Here

Street 2
Enter Text Here

City*
Enter Text Here

State*
Select an Option

Zip / Postal Code*
Enter Text Here

Remittance Address

Same as Primary Address

All fields marked with a red asterisk (*) are required fields.
All other fields are optional.

Country*
Select an Option
United States

Street 1*
Enter Text Here

Street 2
Enter Text Here

City*
Enter Text Here

State*
Select an Option

Zip / Postal Code*
Enter Text Here

Order Address

Same as Remittance Address

All fields marked with a red asterisk (*) are required fields.
All other fields are optional.

Country*
Select an Option
United States

Street 1*
Enter Text Here

Street 2
Enter Text Here

City*
Enter Text Here

State*
Select an Option

Zip / Postal Code*
Enter Text Here

Addresses are validated. If invalid, system will give recommendations.

Additional Information Tab

Additional Information

All fields marked with a red asterisk (*) are required fields.
All other fields are optional.

Business with Ohio University*

Select an Option

Supplier Category*

Select an Option

Certain types of suppliers or payments are protected. Is your supplier information protected?*

Please indicate if you are one of the below. If not, please select N/A.

Select an Option

Primary Commodity NAICS #

<https://www.census.gov/naics/>

Enter Text Here

Purchase Order Information

Please provide your email address for purchase order delivery*

Enter Email Here

Insurance Information

Please indicate the type(s) of insurance you will be providing (select all that apply)*

Please review the [Ohio University's Contract and Insurance Matrix](#) to determine what types of insurance are required. For additional assistance, please see: <https://www.ohio.edu/hr/additional-resources/insurance-guidelines>

- Commercial General Liability Insurance
- Workers Compensation and Employers Liability Insurance
- Business Automobile Insurance
- Cyber/Privacy Liability Insurance
- Professional Liability or Errors and Omissions Insurance
- I will not be providing insurance

Additional Information

All fields marked with a red asterisk (*) are required fields.
All other fields are optional.

Accounts Receivable Contact Information

Accounts Receivable Contact Name

Enter Text Here

Accounts Receivable Contact Phone Number

Enter Telephone Here ext.

Accounts Receivable Contact Email

Enter Email Here

Sales Contact Information

Sales Contact Name

Enter Text Here

Sales Contact Phone Number

Enter Telephone Here ext.

Sales Contact Email

Enter Email Here

Additional Information

All fields marked with a red asterisk (*) are required fields.
All other fields are optional.

Conflict of Interest Information

Instructions for Conflict of Interest section

If you are registering as an individual, please answer the following section on behalf of yourself only.

If you are registering on behalf of your company, please answer the following section on behalf of yourself and any other employees of your company.

Are you or are you aware of anyone at your company who is a current Ohio University employee?*

Select an Option

Are you or are you aware of anyone at your company who is a former Ohio University employee?*

Select an Option

Are you or are you aware of anyone at your company who is related to an Ohio University employee?*

Select an Option

Are you a current Ohio University student?*

Select an Option

Additional Information - Banking

Additional Information

All fields marked with a red asterisk (*) are required fields.

All other fields are optional.

Payment Information

Bank Location*

Please indicate whether you will be using a US bank account or a foreign bank account to deposit your payment.

Select an Option
US Bank

Payment Method for Payees with a US Bank Account*

ACH is Ohio University's preferred payment method

Select an Option
ACH

Bank Name*

Enter Text Here

Name on Account*

Enter Text Here

Account Number*

Enter Text Here

Confirm Account Number*

Enter Text Here

Account Type*

Select an Option

Routing Number*

Enter Text Here

SWIFT Code

Enter Text Here

Banking Information

All fields marked with a red asterisk (*) are required fields.

All other fields are optional.

Bank Validation File*

An image or PDF file can be used here containing one of the following:

- Letter on company letterhead
- Voided check
- Voided deposit slip
- Letter from your bank
- Copy of a bank account statement

Choose File

No file chosen

Email Address for Payment Notifications*

Enter Email Here

Bank Authorization*

Customers using PaymentWorks and the financial institution named herein are authorized to automatically deposit monies to my account

I Agree

Bank Address

All fields marked with a red asterisk (*) are required fields.

All other fields are optional.

Country*

Select an Option
United States

Street 1*

Enter Text Here

Street 2

Enter Text Here

City*

Enter Text Here

State*

Select an Option

Zip / Postal Code*

Enter Text Here