



ANITA LOPEZ LUCAS COUNTY AUDITOR

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<input type="radio"/> New
<input type="radio"/> Update
<input type="radio"/> Inactive

MASTER VENDOR FORM

Return completed form to Lucas County Auditor's Disbursement Department

Submitted by: _____ Department/Agency: _____
 Lucas County Vendor # _____ Phone # _____ or Ext. # _____
No dashes

1) Is Vendor a medical/health care supplier or providing medical services?	<input type="radio"/> Yes <input type="radio"/> No
2) Is Vendor an attorney providing legal services?	<input type="radio"/> Yes <input type="radio"/> No
3) Is Vendor an individual/partnership/LLC?	<input type="radio"/> Yes <input type="radio"/> No
4) Is Vendor an employee?	<input type="radio"/> Yes <input type="radio"/> No
5) Is Vendor tax exempt?	<input type="radio"/> Yes <input type="radio"/> No
6) Is this foster care payment?	<input type="radio"/> Yes <input type="radio"/> No
7) Is Vendor incorporated?	<input type="radio"/> Yes <input type="radio"/> No
8) Is this child support or garnishment?	<input type="radio"/> Yes <input type="radio"/> No
9) Is this for reimbursement?	<input type="radio"/> Yes <input type="radio"/> No
10) Is this for services?	<input type="radio"/> Yes <input type="radio"/> No

Remit Address

Vendor Name: _____ **NO**
 Doing Business as (DBA) (If Applicable) _____ **Terms: Net 30**

<input type="radio"/> Issue Warrant to DBA
<input type="radio"/> Issue Warrant to Vendor Name
<input type="radio"/> Issue 1099 to DBA
<input type="radio"/> Issue 1099 to Vendor Name

Street/PO Box: _____
 City/State/Zip: _____
 Contact Name: _____
 Phone #: _____ Fax #: _____
No dashes *No dashes*
 E-mail Address _____

Order Address

Vendor Name: _____
 Doing Business as (DBA) (If Applicable) _____
 Street/PO Box: _____
 City/State/Zip: _____
 Contact Name: _____
 Phone #: _____ Fax #: _____
No dashes *No dashes*
 E-mail Address _____

*****Must include a State of Ohio W-9 and OPERS Independent Contractor/Worker form when submitting*****