



# ANITA LOPEZ LUCAS COUNTY AUDITOR

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

## MASTER SUPPLIER FORM

Return completed form to Lucas County Auditor's Accounts Payable

Submitted by: \_\_\_\_\_ Department/Agency: \_\_\_\_\_

Lucas County Supplier # \_\_\_\_\_ Phone # \_\_\_\_\_ or Ext. # \_\_\_\_\_  
*No dashes*

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

### Remit Address

Supplier Name: \_\_\_\_\_  
Doing Business as (DBA) (If Applicable) \_\_\_\_\_

**NO**  
Terms: Net 30

- Issue Check to DBA
- Issue Check to Supplier Name
- Issue 1099 to DBA
- Issue 1099 to Supplier Name

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

### Order Address

Supplier 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\*\*\***