



# 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. # _____

- |  |  |
|--|--|
| 1) Is Supplier a medical/health care supplier or providing medical services? | <input type="radio"/> Yes <input type="radio"/> No |
| 2) Is Supplier an attorney providing legal services?                         | <input type="radio"/> Yes <input type="radio"/> No |
| 3) Is Supplier an individual/partnership/LLC?                                | <input type="radio"/> Yes <input type="radio"/> No |
| 4) Is Supplier an employee?  | <input type="radio"/> Yes <input type="radio"/> No |
| 5) Is Supplier 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 Supplier 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

Supplier Name: \_\_\_\_\_ **NO**  
 Doing Business as (DBA) (If Applicable) \_\_\_\_\_ Terms: Net 30

<input type="radio"/> Issue Check to DBA <input type="radio"/> Issue Check to Supplier Name <input type="radio"/> Issue 1099 to DBA <input type="radio"/> Issue 1099 to Supplier Name	Street/PO Box: _____ City/State/Zip: _____ Contact Name: _____ Phone #: _____ Fax #: _____ E-mail Address: _____
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### Order Address

Supplier Name: \_\_\_\_\_  
 Doing Business as (DBA) (If Applicable) \_\_\_\_\_  
 Street/PO Box: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_

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

Print Form