

Montgomery County Auditor's Office Vendor Application (VETERANS SERVICES)

Jan 2025 Revision

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In order for an individual or business to receive payment(s) for the services / products they provide to Montgomery County, Ohio, this vendor application is to be completed and **returned by either the Mail or Email addresses listed above.**
(This is **NOT** a Vendor **License** application)

PRINT or TYPE - Delays will occur if application is not legible

Tax Identification Number (TIN)

BUSINESS - (EIN) Employer Identification Number

US business applicants must provide a **current** IRS **W9**
Foreign business applicants must provide a **current** IRS **W-8BEN-E**

< or >

INDIVIDUAL - (SSN) Social Security Number

Individuals are **NOT** required to provide a IRS **W9**

Business or Individual name:

(As shown on your income tax return)

Db:

PHYSICAL Location:

Street

State

Zip code

REMIT / MAILING Address:

Street

State

Zip code

Website:

Accounts Receivable / Contact Info

Contact name:

Title:

Email:

Phone:

Ext#

Vendor Profile - **Not a Required Field** - Select if any apply

☐ Locally Owned

☐ Owner is a Service Veteran

☐ Minority Owned - If selected, choose Ethnic Origin below ...

☐ Small Business

☐ Owner Disabled

___ - American Indian or Alaska Native.

___ - Asian.

___ - Black or African American.

___ - Hispanic or Latino.

___ - Native Hawaiian or Other Pacific Islander.

___ - White.

☐ Woman Owned

☐ Government Entity

Tax Classification - **Required Field** - Check ONLY 1 box for the federal tax classification of the entity / individual whose name is entered above

☐ Individual / Sole Proprietor

☐ Corporation

☐ S-Corporation

☐ Partnership

☐ LLC - (C) Corporation

☐ LLC - (S) S-Corporation

☐ LLC - (P) Partnership

☐ Other: _____

☐ Trust / Estate

What type of SERVICES/ PRODUCTS will you provide - **Required Field** - Check only 1 box.

☐ **Goods/Products ONLY** - Brief Description (key words): _____

☐ **Goods & Services** - Brief Description (key words): _____

Services ONLY

☐ Legal Services

☐ Medical Billing

☐ Visiting Judge

☐ Rent / Landlord

☐ Medical / Healthcare

☐ **OTHER Service** - Brief Description (key words): _____

County DEPARTMENT SPECIFIC Services

☐ Stipend (Allowance)

Engineer's Office

☐ Foster Care

☐ Easement Acquisition

☐ Adoption Assistance Subsidy

☐ Volunteer Mileage

☐ Daycare

☐ (PRC) Prevention Retention & Contingency

☐ Reimbursement ONLY (Approved Out-of-Pocket Expenses)

☐ Respite (Relief) - Family

☐ Respite (Relief) - Provider

Applicant signature: _____ Title: _____ Date: _____

Auditor Use Only

☐ PEDACKN required
☐ PEDACKN received
☐ PAYROLL approved

Placed in D365: ____/____/____

D365 Vendor # _____