Vendor Pre-Registration Instruction:

The City of Cleveland is moving towards an electronic bidding process for purchases under $50,000. In the future vendors may bid online through the Vendor Self Service (VSS) Website. To expedite the input process and make sure our valued vendors are both pre-registered and well acquainted with the system, the Division of Purchases and Supplies will input Vendor information for a limited time only. Once the accounts are activated vendors will need to keep their information up-to-date. .

Vendors interested in partaking in this process will need to complete the Vendor Self Service Worksheet and a W-9 form, making sure that every necessary value is filled out correctly. The following information is required to complete the form: vendor tax id no., the administrator contact information, payment/billing/ordering address or addresses, and all applicable commodity codes relevant to the company and its services. The information should be as detailed as possible when filling out this paperwork.

The City of Cleveland values every vendor and hopes to make this an easy transition. Once the Vendor Self Service system is up and running, the vendor account information can be updated at any point and time. Vendors needing further information may call the Division of Purchases and Supplies at 216-664-2620.

Completing the Vendor Pre-Registration Worksheet:

Step 1: Each organization has a taxpayer ID number which is either a SSN (social security number) or an EIN (employee id number).

- If a company is identified by a SSN then the organization type must be "individual". The taxpayer's name must be entered and either "individual" or "sole proprietorship" must be checked.
- If the taxpayer id number. is an EIN, the organization must be "company". The company name must be entered and either "partnership", "trust", "corporation", "limited liability" or "other" must be checked.

Under the *All Organization Types and Classifications* section the website address, Location name (multiple locations, if applicable), and the discount information for the organization is to be entered.

VSS STEP 1	**Company Name and Type** *Always Choose "Verify Location by Taxpayer ID#"*	
	If Your Taxpayer ID # is a Social Security # your Organization Type must be "Individual" then choose the applicable Classification	**If Your Taxpayer ID # is an EIN # your Organization Type must be "Company" then choose the applicable Classification**
	☐ Individual ☐ Sole Proprietorship	☐ Partnership ☐ Corporation
	First Name: _____	☐ Trust ☐ Limited Liability
	Middle Initial: _____	☐ Other
	Last Name: _____	
	DBA:	Company Name:
	All Organization Types & Classifications	
	Website Address: _____	
	Location Name: _____ *(if your organization has multiple locations use format of XYZ Co 1 or XYZ Co 2, etc)*	
	Discount Info (% & Days):	

Step 2: The administrator position under *Account Administrator* should be the owner/operator of the organization.

VSS STEP 2	VSS Security
	Account Administrator
	Name: _____ Email Address: _____
	Phone/Extension: _____ Fax: _____

Step 3: This section is for the organization's taxpayer id: either EIN or the SSN/TIN. The legal name should match the previously completed W-9 and the business' name.

VSS STEP 3	W-9 Information
	Taxpayer ID # (choose one):
	EIN [ ][ ][ ] - [ ][ ][ ][ ][ ][ ][ ] SSN/TIN [ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ]
	Legal Name on W-9: _____
	Make sure that this field matches the name to which the SSN or EIN entered above is issued.
	Business Name: _____
	If you entered a DBA in Step 1, re-enter that DBA Name again here.

Step 4: This is where the business address is entered, as related to the account administrator.

VSS STEP 4	Account Administrator
	Enter the physical business address of the person designated as Account Administrator in Step 2
	Street Address 1: _____ City: _____
	Street Address 2: _____ State/Zip: _____

Step 5: If the ordering address (where the purchase orders will be mailed) is the same address provided in step 4, the same address box can be checked and then this area is complete. If there is a different address the organization should provide it in this step.

VSS STEP 5	Ordering Address
	Where should Purchase Orders be mailed to?
	Use the check box or enter additional information
	☐ Same Address as Account Administrator *(Step 4)*
	Contact Name: _____ Email Address: _____
	Phone/Extension: _____ Fax: _____
	Street Address 1: _____ City: _____
	Street Address 2: _____ State/Zip: _____

Step 6: The payment address information allows organizations to select previously entered information by checking the appropriate box or fill out a new contact and address if it is not the same as prior addresses provided.

VSS STEP 6

Payment Address
Where should Payments be sent to?

Use a check box or enter additional information

☐ Same Address as Account Administrator *(Step 4)*

☐ Same Address as Ordering Address *(Step 5)*

Contact Name: _____ Email Address: _____
Phone/Extension: _____ Fax: _____
Street Address 1: _____ City: _____
Street Address 2: _____ State/Zip: _____

Step 7: The billing address can be indicated by either checking a box referring to the correct previously recorded information, or by providing an additional address that pertains to billing.

VSS STEP 7

Billing Address (Optional/If Applicable)
Where should Invoices be mailed to?

Use a check box or enter additional information

☐ Same Address as Account Administrator *(Step 4)*

☐ Same Address as Ordering Address *(Step 5)*

☐ Same Address as Payment Address *(Step 6)*

Contact Name: _____ Email Address: _____
Phone/Extension: _____ Fax: _____
Street Address 1: _____ City: _____
Street Address 2: _____ State/Zip: _____

Step 8: Is not relevant in terms of pre-registration. Vendors are to leave this box blank.

VSS STEP 8

Commodity Codes
Enter as many codes as applicable to describe your organization's goods and/or services

Commodity Description	NIGP Code	Commodity Description	NIGP Code

This form must be typed or printed legibly in ink Pre-registration forms that are not legible, are filled in pencil or that contain "White-Out" will not be entered. Questions should be directed to the Division of Purchases and Supplies at 216.664.2626. Forms returned to the office are to be deposited in the Bid Slot. Vendors choosing to leave forms on the counter run the risk of exposing personal information. If the form is mailed, the envelope must clearly state that it is for Pre-VSS Registration. Forms may be mailed, emailed, or faxed using the information below.

Division of Purchases and Supplies 601
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Cleveland, OH 44114
Email: purchasing@city.cleveland.oh.us
Fax: 216-664-2177