

## Vendor 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).

- o 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.
- o 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.

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

**Step 2:** Vendors may choose any user ID, password, security question and security answer. The administrator position under *Account Administrator* should be the owner/operator of the organization.

VSS Security	
VSS STEP 2	User ID: _____ Password: _____
	Security Question: _____ Security Answer: _____
	<b>Account Administrator</b>
	Name: _____ Email Address: _____ Phone/Extension: _____ Fax: _____

\*\*\* This information is used to ensure the privacy and security of the account. A password or security question/answer combination that is obvious or readily available concerning the administrator or the organization itself could put security at risk\*\*\*

**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.

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

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

Account Administrator	
<i>Enter the physical business address of the person designated as Account Administrator in Step 2</i>	
4 VSS STEP	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.

Ordering Address	
<i>Where should Purchase Orders be mailed to?</i>	
VSS STEP 5	<i>Use the check box or enter additional information</i>
	<input type="checkbox"/> 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	
	<i>Where should Payments be sent to?</i>	
	<i>Use a check box or enter additional information</i>	
	<input type="checkbox"/> Same Address as Account Administrator <i>(Step 4)</i>	<input type="checkbox"/> Same Address as Ordering Address <i>(Step 5)</i>
	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)		
	<i>Where should Invoices be mailed to?</i>		
	<i>Use a check box or enter additional information</i>		
	<input type="checkbox"/> Same Address as Account Administrator <i>(Step 4)</i>	<input type="checkbox"/> Same Address as Ordering Address <i>(Step 5)</i>	<input type="checkbox"/> Same Address as Payment Address <i>(Step 6)</i>
	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			
	<i>Enter as many codes as applicable to describe your organization's goods and/or services</i>			
	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.

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