



VENDOR REGISTRATION FORM

GENERAL INFORMATION (All fields required except Fax#)

Vendor Name: _____ Type of Business: _____
 Street Address: _____ Administrative/Professional Services
 City: _____ Construction
 State: _____ Zip Code: _____ Goods/Services/Equipment
 Phone: _____ Other Phone: _____
 E-mail: _____ Fax#: _____
 Contact Person: _____ Contact Person's Title: _____
 Number of Years Company has been in Service: _____
 Number of Employees: _____
 Taxpayer Identification Number or Social Security Number: _____

BUSINESS CLASSIFICATION (Select all that apply; must select at least 1)

- Individual/Sole Proprietorship
- Partnership
- Joint Venture
- Not-for-Profit
- Corporation
- Other
- Resident Owned Business

FOR INTERNAL USE ONLY:

For Operations:
 Staff Requesting: _____ Date: _____

For Accounting Dept.:
 Finance Staff: _____ Date: _____
 Finance Review: _____ Date: _____

Yardi Vendor Code: _____



VENDOR REGISTRATION FORM

ECONOMIC INCLUSION (Select all that apply; at least 1 must be selected)

Certifying documentation or a notarized declaration must be provided to SMHA to prove status:

Not Applicable

Disabled Owned

Small Business Enterprise

Veteran Owned

Women Owned (at least 51%)

Section 3 Business Concern [\(What is this?\)](#)

Minority Owned (at least 51%)

TYPE OF BUSINESS/SERVICES OFFERED:

PLEASE SEND ALL INVOICES TO:

EMAIL: invoices@starkmha.org

**MAIL: 400 Tuscarawas St. E,
Canton, OH 44702**

REFERENCES (Must enter 3 references)

Please provide references (within the last 12 months) for the services or goods that your business provides:

1 Company:
Contact Name:
Phone:
Physical Address:
E-mail:

2 Company:
Contact Name:
Phone:
Physical Address:
E-mail:

3 Company:
Contact Name:
Phone:
Physical Address:
E-mail:

DISCLAIMER

The completion and submission of the Vendor Registration Form does not guarantee any minimum or maximum amount of work for a Vendor. It simply means that a Vendor is registered to conduct business with SMHA as opportunities are made available. At that time, the Vendor may have the opportunity to submit a bid, quote or proposal. Likewise, the submission of a bid, quote or proposal does not guarantee any Vendor the right to an award as all procurement activity conducted by SMHA must be in full compliance with the following regulations:

- 24 CFR 200
- HUD Procurement Handbook 7460.8 REV 2
- CMHA's Procurement Policy and Procedures

You must submit a W-9 Form and a copy of your insurance certificate

Stark Metropolitan Housing Authority

Dear SMHA vendor:

It is Stark Metropolitan Housing Authorities (SMHA) goal and responsibility to treat organizations (vendors / contractors) providing services and or goods fairly and appropriately. Our vendors are critical in order for SMHA to achieve its mission statement:

"PEOPLE HOUSING PEOPLE: The Stark Metropolitan Housing Authority provides eligible residents of Stark County with quality housing in decent, safe, nourishing neighborhoods, by working in partnership with public and private sector. SMHA provides families with housing choices and opportunities to achieve self-sufficiency.

Vendors must submit invoices electronically to invoices@starkmha.org or mail to 400 Tuscarawas Street East, Canton, Ohio 44702, Attention Accounts Payable. SMHA payment terms is **"NET 30 DAYS"**. Net 30 days is common and typical industry and business payment standard. Net 30 days allows adequate time for SMHA to process transactions for payment with vendors. SMHA will deviate from net 30 days for vendors offering payment discounts for timelier payment. SMHA will attempt to take advantage of all payment discounts. Payment process typically involves staff forwarding appropriate supporting documentation, receipt of invoice and approval of invoice for payment. Vendors or contractors subject to provisions of Davis Bacon Act, SMHA is not permitted to make payment until all required Davis Bacon documents have been received and verified.

Vendor must submit invoice electronically to invoices@starkmha.org or mail to 400 Tuscarawas St E Canton, Ohio 44702-1131, Attention Accounts Payable. **Invoices sent to any other post office address, employee or email might delay timely payment.**

No staff, except for Executive Director, Deputy Director or Finance Director can waive, modify, adjust or amend **NET 30 DAY** payment term or requirement to submit invoices electronically to invoices@starkmha.org or mailed to 400 Tuscarawas ST E Canton, Ohio 44702-1131, Attention Accounts Payable.

Signature: _____ **Date:** _____

STARK METROPOLITAN HOUSING AUTHORITY
Vendor Agreement for Electronic Payment/Deposit

Name / Entity: _____
(Must agree with IRS W- 9)

Federal ID or SSN: _____
(Must agree with IRS W- 9)

Mailing Address: _____

Phone Number: _____ Email Address: _____
(Mandatory for payment notification)

I hereby authorize Stark Metropolitan Housing Authority (SMHA), to initiate credit entries (deposits) to below depository and to initiate, if necessary, debit entries and adjustments to any transactions credited in error.

Depository (Bank) Name: _____

Depository (Bank) Address: _____

Type of Account (check one): Checking Savings

Exact Name on Account: _____

Routing Number: _____ Account Number: _____

Your signature below is your continuing authorization for Stark Metropolitan Housing Authority (“SMHA”) to follow your written instructions to deposit funds in the account listed above and you agree that your continuing authorization will remain in effect unless you revoke the authorization in writing and submit to SMHA within a reasonable time for SMHA to adjust its accounting procedures. Further, you confirm that the below name and signature is of an authorized representative with authority to act on behalf of the above entity/individual property owner. As such, you hereby authorize SMHA to recognize and acknowledge the signature subscribed below in depositing funds into your account.

A confirmation of account information on financial institution/bank letterhead or an original voided check, must accompany this document. Facsimile copies of checks, starter checks and deposit slips are not acceptable. When submitting documentation on bank letterhead, it must contain the name of financial institution, electronic routing transit number, account number and type of bank account (checking or savings).

By signing below, I confirm that I am an authorized representation and the information entered above is accurate and complete.

Name(s) (please print): _____

Signature(s) _____ Date: _____

Documents can be mailed to: SMHA 400 Tuscarawas Street East, Canton Ohio 44702
Attn: Finance Dept.

Internal: SMHA staff are not to complete this document on behalf of any property owner, vendor and/or contractor.
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Stark Metropolitan Housing Authority

Vendor Application - Master File Form (new/update/modify)

Legal Name : _____
(Above must agree with W-9 form)

DBA : _____

Mailing Address : _____

Secondary Address : _____

Point of Contact Name : _____

Point of Contact Phone: _____

Point of Contact Email : _____

Alternate Email: _____

Point of Contact Fax : _____

Federal ID# or SSN # : _____
(Above must agree with W-9 form)

W-9 attached: YES / NO _____

Business Classification : (Select all that apply must select at least 1)

Individual/sole proprietor _____

Partnership _____

C Corporation _____

Other _____

S Corporation _____

Limited Liability _____

Enter the Tax classification (C= C Corporation, S= S Corporation, P= Partnership)

Please provide Workers Comp. Certificate & Certificate of Insurance

Terms notice provided : YES / NO (Terms are **Net 30 Days** upon receipt of a properly dated invoice.)

Minority Owned : YES / NO Type : _____

PLEASE SEND ALL INVOICES TO: invoices@starkmha.org or 400 Tuscarawas St E. , Canton, OH 44702

(Please above indicate - Vendor must receive a Terms letter & complete a W-9)

Vendor: _____ **Date:** _____

(Note: Vendor / Supplier signature is required to set up a new vendor account in order to do business with SMHA. Vendor / Supplier has read and agrees to SMHA's 30 day payment terms as outline in vendor terms notice.)

For Accounting Department:

Finance Staff: Date:

Finance Review: Date:

Yardi Vendor Code:

Issue 1099 YES NO