



# 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: \_\_\_\_\_



**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](mailto: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](mailto: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](mailto: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.  
G:\Accounting\FORMS File\Vendor\Vendor ACH Form Revised 2.04.2020.doc

**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](mailto: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.)

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*For Accounting Department:*

\_\_\_\_\_  
Finance Staff: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Finance Review: \_\_\_\_\_ Date: \_\_\_\_\_

Yardi Vendor Code: \_\_\_\_\_  
Issue 1099 YES NO