



STATE OF OHIO – OFFICE OF BUDGET & MANAGEMENT

VENDOR INFORMATION CHANGE FORM

(Replaces the old CAS VENM Form)

ALL parts of this form must be completed by the vendor and returned to the issuing state agency

CHANGE OF INFORMATION ADD INFORMATION W-9 ATTACHED

Form with fields for: COMPLETE VENDOR LEGAL BUSINESS NAME, Business Name, Trade Name, Doing Business As, TAXPAYER ID # (TIN), TYPE OF ACTION, PLEASE EXPLAIN, IS YOUR BUSINESS CURRENTLY CERTIFIED AS, PAYMENT TERMS, AREA CODE & TELEPHONE NUMBER, E-MAIL ADDRESS, TYPE OR PRINT NAME OF PERSON COMPLETING THIS FORM, Signature.

ADD ADDITIONAL BUSINESS ADDRESS, E-MAIL & CONTACT INFORMATION ON SEPARATE SHEET IF REQUIRED

PLEASE SEND COMPLETED FORM & QUESTIONS ABOUT THE FORM TO THE AGENCY CONTACT (information listed below):

AGENCY CONTACT INFORMATION: Contact Name: Diane Secret, Contact Phone: 614.728-5975, Contact Agency Name: Department of MR/DD