



# Master Supplier Form

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Attn: Disbursements  
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Toledo, OH 43604

**Email:** Disbursements@co.lucas.oh.us  
**Phone:** 419-213-4406  
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Submitted by: \_\_\_\_\_ Department/Agency: \_\_\_\_\_

Lucas County Supplier # \_\_\_\_\_ Phone # \_\_\_\_\_ or Extension # \_\_\_\_\_

1. Is Supplier a medical/health care supplier or providing medical services? ☐ Yes ☐ No
2. Is Supplier an attorney providing legal services? ☐ Yes ☐ No
3. Is Supplier an individual/partnership/LLC? ☐ Individual ☐ Partnership ☐ LLC ☐ No
4. Is Supplier incorporated? ☐ Yes ☐ No
5. Is Supplier tax exempt? ☐ Yes ☐ No
6. Is Supplier an employee? ☐ Yes ☐ No
7. Is this a foster care payment? ☐ Yes ☐ No
8. Is this child support or garnishment? ☐ Yes ☐ No
9. Is this for reimbursement? ☐ Yes ☐ No
10. Is this for services? ☐ Yes ☐ No

## Remit Address

Supplier Name: \_\_\_\_\_

Doing Business As (DBA) (If Applicable): \_\_\_\_\_

Street Address/PO Box: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Email Address: \_\_\_\_\_

## Order Address

Supplier Name: \_\_\_\_\_

Doing Business As (DBA) (If Applicable): \_\_\_\_\_

Street Address/PO Box: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Email Address: \_\_\_\_\_

**\*\*\*Must include a Form W-9 and OPERS Independent Contractor/Worker form when submitting\*\*\***