To become an Ohio Machinery Co supplier:

* Complete this application (all inclusive online option: [www.ohiocatvendor.com](http://www.ohiocatvendor.com) )
* Supply a copy of your W9
* Only Vendors coming on Ohio Machinery Co property to perform work are required to supply requirements detailed in 4 and 5
* Return all paperwork to your Ohio Machinery Co contact

**Requirements**

1. **INVOICING**

All invoices must be mailed, faxed or emailed to the corporate office for processing by the Accounting Department; otherwise a delay in payment may occur.

Ohio CAT

Attn: Accounts Payable

3993 E Royalton Rd

Email: [ap@ohiocat.com](mailto:ap@ohiocat.com)

Fax: 440-838-7427

Broadview Hts, OH 44147

1. **PURCHASE ORDERS**

A Vendor must acquire a purchase order number from a buyer at the time of the transaction. Invoices received without a purchase order can NOT be processed therefore delaying payment. The Vendor’s invoice to Ohio Machinery Co must match in all the details with the purchase order unless the vendor has given Ohio Machinery Co prior notification of any discrepancy between purchase order and the shipment of the product.

Ohio Machinery Terms & Conditions are found on the website: [www.ohiocatvendor.com](http://www.ohiocatvendor.com)

1. **INSURANCE REQUIREMENTS**

Ohio Machinery Co MUST have a current certificate of insurance with Ohio Machinery Co listed as the Certificate Holder on file with the accounting department **prior** to providing services on Ohio Machinery Co. property

|  |  |  |
| --- | --- | --- |
| **Insurance** | **Coverage Value** | **Comments** |
| **All Service Vendors** | | |
| Comprehensive General Liability | $1,000,000 per occurrence | For bodily injury and property damage with Ohio Machinery Co endorsed to the policy as an additional insured |
| Automotive Liability | $300,000 minimum | For bodily injury and property damage with Ohio Machinery endorsed to the policy as an additional insured. Coverage must include any auto including owned, hired, borrowed or non-owned vehicles |
| Workers Compensation & Employers Liability | WC: Statutory coverage  EL: Minimum limits are as follows: $100,000 each accident  $500,000 disease – policy limit  $100,000 disease each employee | If Vendor is a proprietorship or partnership, the individual(s) with ownership position may sign “Independent Contractor Agreement” in place of the Workers Compensation documentation. |
| **GL and Auto Policies must include waiver of subrogation in favor of Ohio Machinery and its affiliated companies, or any employee/agent of Ohio Machinery.** | | |
| **Additional coverage required for Contract Haulers** | | |
| Cargo | Minimum limit $300,000 per conveyance | Hauler must carry cargo insurance with adequate limits to insure value of the equipment transported. Any damage to our equipment or property while in the hauler’s care, custody and control will be the responsibility of the hauler and should be covered by the hauler’s insurance company. |

Insurance Agents may fax or mail a copy of the certificate to:

Ohio CAT

Attn: Purchasing

3993 E Royalton Rd

Broadview Hts, OH 44147

Fax: 440-838-7427

1. **SAFETY & ENVIRONMENTAL**

Any vendor required to provide a service at an Ohio Machinery Co facility MUST complete our Contractor Safety Agreement (CAC564) and return it to the location where service is being provided. This is an Ohio Machinery Co form. Please ask your contact for a copy.

The Vendor’s employees MUST abide by all Ohio Machinery Co safety rules listed on the Contractor Safety Agreement.

1. **EQUAL OPPORTUNITY CLAUSE:**

Ohio Machinery Co is a covered federal contractor or subcontractor and must comply with certain affirmative action requirements. Vendors, suppliers and subcontractors are notified they may be subject to the provisions of the Equal Opportunity Clauses pursuant to Section 202 of Executive Order 11246, as amended, and 41 CFR Section 60-1.4; as well as 29 C.F.R. Part 471, appendix A to Subpart A, are herein incorporated by reference. Further, sellers who (1) are not otherwise exempt as provided by 41 CFR 60-1.5, (2) have 50 or more employees and, (3) have a contract, subcontract or purchase order for $50,000 or more that is necessary to the completion of a covered federal contract or subcontract are hereby notified of their obligations to file EEO Standard Form 100 and to prepare an affirmative action plan(s) for females, minorities and disabled individuals. Contractors and subcontractors holding a contract, subcontract or purchase order for $150,000 or more that is necessary to the performance of a covered contract must also file Form 4212 and prepare an affirmative action plan for protected veterans.

**This contractor and subcontractor shall abide by the requirements of 41 CFR §§ 60-300.5(a) and 60-741.5(a). These regulations prohibit discrimination against qualified individuals on the basis of protected veteran status or disability, and requires affirmative action by covered prime contractors and subcontractors to employ and advance in employment qualified protected veterans and individuals with disabilities.**

We appreciate your cooperation in our effort to fully comply with federal government contracting requirements.

1. **ACKNOWLEDGEMENT**

Now that you have an understanding as to the requirements of being an Ohio Machinery supplier, please confirm your review and complete the application on the next page.

I have read the additional requirements

**ORDERING ADDRESS/CONTACT INFORMATION (SALES/CUSTOMER SERVICE):**

VENDOR NAME:

ADDRESS:

CITY:       STATE:       ZIP:

PHONE:       FAX:

CONTACT NAME:       POSITION:

EMAIL:       WEBSITE:

EMAIL FOR PURCHASE ORDERS:

DUNS #:       TAXPAYER ID OR FEDERAL ID #:       ***(PLEASE SUPPLY COPY OF W9)***

VENDOR IS:  CORPORATION  PARTNERSHIP  SOLE PROPRIETOR  MINORITY OR WOMEN OWNED BUSINESS

***(PLEASE SUPPLY DOCUMENTATION)***

YOUR COMPANY PROVIDES WHAT KIND OF SERVICE OR SUPPLIES?

***IF YOUR COMPANY PROVIDES SERVICE ON ANY OHIO CAT CAMPUS, YOU MUST PROVIDE WORKERS COMPENSATION AND INSURANCE CERTIFICATES.***

**COMPANY PAYMENT INFORMATION (ACCOUNTS RECEIVABLE – REMITTANCE ADDRESS):**

CHECK IF ADDRESS IS SAME AS ABOVE

ADDRESS:

CITY:       STATE:       ZIP:

PHONE:       FAX:

AR CONTACT NAME:       POSITION:

EMAIL:

ACCEPTABLE PAYMENT FORMS:  ACH  CREDIT CARD  CHECK

IF ACH ACCEPTED, PROVIDE BANKING INFORMATION:

BANK NAME

ABA#       ACCOUNT #       CK  SV

EMAIL FOR ACH CORRESPONDENCE:

PAYMENT TERMS ARE N30 MINIMUM. PLEASE ADVISE IF YOU OFFER ANY DISCOUNT TERMS: