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 that are transport haulers and Vendors coming on Ohio Machinery Co. property to perform work are required to supply requirements detailed in section 3 and 4.
* 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. (Preferred option: email below).

Ohio CAT

Attn: Accounts Payable

3993 E Royalton Rd

Broadview Hts, OH 44147

Email: ohiocatap@avidbill.com

Fax: 440-838-7427

Invoice Inquiries: ap@ohiocat.com

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. **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. **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 hauling services or services on Ohio Machinery Co. property. Minimum Insurance requirements are documented in the chart below. Insurance Agents may fax 440-838-7427 or mail a copy of the certificate to:

Ohio Machinery Co.

Attn: Procurement

3993 E Royalton Rd

Broadview Hts., OH 44147



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: