



Vendor Information Form

COMPANY INFORMATION

Company name:

Address:

Telephone number:

Fax number:

Contact Person:

Website Address:

Products/Services:

Do you accept payment via electronic funds transfer (EFT)?

Yes No

Please provide a W-9 to the OPERS office.

Please return the completed form via mail, fax or email to:

Ohio Public Employees Retirement System

Attn: Procurement Office

277 East Town Street

Columbus, Ohio 43215-4642

Fax -614-857-1100

Tel - 614-225-1945

twilliams@opers.org