

Supplier Registration-Independent Contractor w/DBA

You will receive an e-mail from purchasing@bgsu.edu stating that you have been invited to register as a supplier.

The following instructions are how to complete your BGSU registration. Please make the necessary changes that represent your specific business setup. Click **Register Now**

Individual Invitation for Bowling Green State University

Dear Zelda Doomsday,

Bowling Green State University has invited you to register as a potential supplier.

Becoming a Bowling Green State University network supplier is free, easy and it only takes a few minutes to join. By selecting the "Register Now" button below, you will be routed to a secure website to complete the registration process. Upon successful completion of your registration, you will have access to your secure portal where you can add additional details about yourself.

[Register Now](#)

Thank You,

Bowling Green State University

If you have any technical questions, please contact Renae Jackson Procure to Pay Analyst at rmjacks@bgsu.edu or +1 419-372-8411 for assistance and identify yourself as registering in the Bowling Green State University Supplier Network.

Read welcome information and instructions. Click **Continue with Registration**

BGSU BOWLING GREEN STATE UNIVERSITY

[Registration Checklist](#)
[Registration FAQ](#)
[Registration Tutorial](#)

Welcome to Supplier Registration English ▾

BGSU is excited to begin working with you, but it is necessary to collect some important information first.

Before you begin, please review these helpful tips to make this process as efficient as possible for yourself.

The following information will be requested during the registration process:

- Your legal name, phone, and email
- W-9
- Tax ID or SSN
- Any addresses that are associated with transactions/payments
- Bank Account information (for Direct Deposit payments)
- Contact information of key representatives for your business

The following information will also be needed for Independent Contractors:

- Contact information for the BGSU individual that is requesting your services/products
- Dates of service of your agreement, if applicable

For Award Winners: Where it asks for Legal Company Name, enter "Last Name, First Name" (For example: Falcon, Freddie)

More helpful hints for ALL:

Make sure to fill out the information as completely and accurately as possible. You will be asked to certify at the end of the registration.

Make sure to fill out all items that are notated with (*) as these are required.

We are here to help you through this onboarding process!

For technical assistance, please reach out to our **vendor support team** at: 1-800-233-1121.

For specific questions regarding BGSU requirements, please reach out to BGSU Purchasing at purchasing@bgsu.edu or 419-372-8411.

[Continue With Registration](#)

To create an account, fill in the following fields and create a password. Click **Create Account**

BGSU BOWLING GREEN STATE UNIVERSITY

Supplier Registration

Registration Tutorial English

As you go through the additional registration pages, provide as much information about your company as possible, even if it's not required. The additional information you enter will help BGSU include your company appropriately in bids for goods and services.

Your Contact Info

First Name: Zelda Last Name: Doomsday

Owner: [Field] Title: [Field]

Phone Number: 419-372-0000 ext. [Field]

Preferred Time Zone: EDT/EST - Eastern Standard Time (US/Eastern)

Your Login

You are creating a JAGGAER One Login account. Once the account is created, you will be able to use this to access all JAGGAER applications using the same credentials. If you already have an account, please provide the details below.

Email: kmarti+zeldadoomsday@bgsu.edu

Confirm Email: kmarti+zeldadoomsday@bgsu.edu

Password: [Field] Re-Enter Password: [Field]

I am a user in need of accessibility assistance

Terms and Conditions

I have read and accepted JAGGAER's Terms and Conditions

I am human

Create Account

Read the information and instructions given. Your name should auto populate at the bottom of the screen. Click **Save Changes** and **Next**.

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Required to Start Registration

First Name: Zelda Last Name: Doomsday

Required to Complete Registration

Next **Save Changes**

Fill in the following information as it pertains to your business set-up. Descriptions of each field are at the top to assist you with filling this section out. Click **Save Changes** and then **Next**.

Individual Information

- Are you EXEMPT from backup withholding?
 - If Yes is selected, it indicates that you ARE NOT subject to backup withholding.
 - If No is selected, it indicates that you ARE subject to backup withholding per the IRS.
 - For further clarification, please consult your W-9, Section II.

A general template with IRS explanation can be found here: [IRS W-9 form](#)

Country of Origin: select the country that your business is originated in.

Country of Incorporation: select the country that your business is legally formed (for entities)

Country of Citizenship: select the country of the individual's citizenship (for individuals)

Country of Origin *

Legal Structure *

Tax ID Number Type *

Tax ID Number *

Are you exempt from backup withholding? * Yes No

Additional Questions

Are you a current BGSU employee? *
 Yes No

Have you been a BGSU employee in the last 12 months? *
 Yes No

★ Required to Complete Registration

[Previous](#) [Next >](#) [Save Changes](#)

Addresses

Follow instructions on adding an address(es). Click **Add Address**

Addresses

Select "Add Address" below to begin.

Make sure to include ANY address that would need to receive correspondence or payment from BGSU.

Required address types are listed below:

- Fulfillment (PO delivery) -
PLEASE NOTE: Only the fulfillment address labeled as "primary" will be utilized. If you have a need for multiple fulfillment addresses (for multiple PO delivery addresses), please contact Purchasing Department for guidance.
- Remittance
PLEASE NOTE: If multiple remittance addresses are needed, please make sure to use separate and distinct addresses. DO NOT DUPLICATE Remittance Addresses.

[Add Address](#)

Fill in the following fields and click **Next**.

Add Address

Address Details (Step 1 of 2)

What would you like to label this address? *
Example: Headquarters, Houston Office

Country *

Address Line 1 *

Address Line 2

Address Line 3

City/Town *

State/Province *

Postal Code *
Example: 12345

Phone *
International phone numbers must begin with +

Toll Free Phone
International phone numbers must begin with +

Fax
International phone numbers must begin with +

★ Required to Complete Registration

[Next >](#)

For this screen you can either add a new contact or if the contact information is the same then click “Not Applicable” and then **Save Changes**.

The image shows two side-by-side screenshots of the 'Add Address' form. The left screenshot shows the 'Primary Contact For This Address' section with radio buttons for 'Enter New Contact' and 'Not Applicable'. The right screenshot shows the same form with the 'Enter New Contact' option selected and various contact fields filled out, including Contact Label (Main), First Name (Zelda), Last Name (Doomsday), Position Title (Owner), Email (kmart+zeldadoomsday@bgsu.edu), and Phone (+1 419-372-0200).

Once you have completed adding your addresses, click **Next**

The image shows a screenshot of the 'Addresses' page. It features a table with columns for Address Label, Address Types, and Address. Two addresses are listed: Physical (Primary) and Remittance (Primary), both pointing to 1851 N Research Drive, Bowling Green, Ohio, 43403, United States. There are 'Add Address' and 'Show Inactive Addresses' buttons at the bottom.

Address Label	Address Types	Address
Physical	Physical (Primary) Fulfillment (Primary)	1851 N Research Drive Bowling Green, Ohio, 43403 United States
Remittance	Remittance (Primary)	1851 N Research Drive Bowling Green, Ohio, 43403 United States

Contacts

To add a contact, click **Add Contact**

A description of each contact label is provided to assist you with this section. Multiple contacts can be added.

The image shows a screenshot of the 'Contacts' page. It includes instructions on how to label contacts and a 'Required Information' section stating 'At least one contact is required to complete this section.' Below this, a message says 'No contacts have been entered' and there is an 'Add Contact' button with an orange arrow pointing to it.

Fill in contact information and click **Save Changes**.

Add Contact

Contact Label * Remittance

First Name * Zelda

Last Name * Doomsday

Position Title

Email * kmart+zeldadoomsday@bgsu.edu

Phone * 4193728019 ext. International phone numbers must begin with +

Mobile Number International phone numbers must begin with +

Toll Free Phone ext. International phone numbers must begin with +

Fax ext. International phone numbers must begin with +

* Required to Complete Registration Save Changes Close

Once all contacts have been added, click **Next**.

Contacts

Please enter contact information for key representatives that should be contacted for the upkeep of this information and any necessary business transactions. Select "Add Contact" below to begin.

Contacts should be labeled as follows (required contacts are labeled with a "*"):

- **Corporate*** for owner and miscellaneous
- **Fulfillment*** for PO delivery
- **PO Failure*** if a PO delivery should failure
- **Remittance*** for payments
- **Sales** for account management

This will help us ensure we are always contacting the correct individual.

Contact Label	Contact Types	Name	Email
Remittance	Remittance (Primary)	Zigler, Ziggy	kmart+opera@bgsu.edu

Add Contact Hide Inactive Contacts

Previous Next

Payments

To add payment information, follow the instructions on this page and click **Add Payment Information** then select the Payment Method from the drop down.

Payment Information

Information on this page is used to determine how you want to receive payment. Select "Add Payment Information" to begin.

Multiple Payment Methods:

You may add multiple payment methods, but each payment method will need to be tied back to a specific remittance address from the "Address" section. Make sure you have entered all necessary addresses in the "Address" section.

Required Information

At least one payment type is required to complete this section.

No payment information has been entered.

Add Payment Information

No payment information has been entered.

Add Payment Information

Direct Deposit (ACH)

Check

Proceed to fill in the required fields with your information. Click **Save Changes**

Add Payment Information

Only associated countries are displayed.

Payment Title *

Country *

Payment Type *

Electronic Remittance Email *

Currency *

Active Yes No

Bank Account

Country *

Bank Name *

Account Holder's Name *

Account Type *

Routing/Transit Number * [What is this?](#)
FIFTH THIRD BANK

Account Number *

Confirm Account Number *

Address Line 1 *

Address Line 2

Address Line 3

City/Town *

State/Province/Region *

Postal Code *
Example: 12345

* Required to Complete Registration

If ACH was selected as a payment method select “Yes” and attach the appropriate documentation for bank validation. Otherwise, select “No”. Click **Save Changes**

Payment Information

Information on this page is used to determine how you want to receive payment.
[Select 'Add Payment Information' to begin.](#)

Multiple Payment Methods:
You may add multiple payment methods, but each payment method will need to be have entered all necessary addresses in the 'Address' section.

Title	Payment Type
ACH	Direct Deposit (ACH)

[Add Payment Information](#)

Additional Questions

For payment method type, did you select ACH/Direct Deposit? *

Yes
 No

For validation purposes, please attach one of the following:

- voided check (preferred)
- bank statement (preferred)
- bank letter

Bank Validation *

Drop file to attach, or browse.

Bank Validation *

Select file Drop file to attach, or browse Done

Traffic_Stop_Uniform_Sup 100% X

Previous

Next

Save Changes

Tax Information

To add a tax document, read the instructions on this page and click **Add Tax Document** and select **W-9** from the drop-down menu.

Tax Information

Tax information is used for payment and the tax document should be uploaded using a PDF format.

Select "Add Tax Document" to begin.

After clicking "Add Tax Document", you will be able to create and sign the tax document within the system or you have the choice of manually uploading an existing pdf copy.

NOTE: To utilize the "Sign Document" functionality in Jaggaer, make sure your browser is allowing pop-ups. Once you allow pop-ups, you may have to click "complete signing" to prompt the DocuSign screen to reload.

Required Information

At least one tax document is required to complete this section.

No tax information has been entered

Add Tax Document

No tax information has been entered

Add Tax Document

W-9

You have the option of either using DocuSign to sign a pre-filled W-9 or you can manually upload the document instead.

FIRST OPTION:

To use DocuSign, fill in the fields and click on **Sign Document**. On the next screen select **Complete Signing** from the drop down.

Add Tax Document

Tax Type * W-9

Tax Document Name * W-9

Tax Document Year 2024

Signature Status Not Signed

Tax Documentation Sign Document

Manually upload the document instead

Edit Tax Document

Tax Type * W-9

Tax Document Name * W-9

Tax Document Year 2024

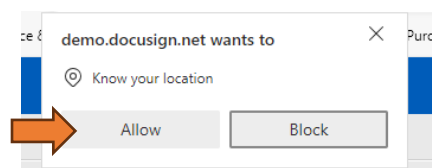
Signature Status Not Signed

Tax Documentation Waiting to get signed document

Complete Signing

Manually upload the document instead

For the below pop up, you will need to click **Allow** to continue with signing the document.



Check the box to agree to the Terms and Conditions and then select **Continue**.

Please read the [Electronic Record and Signature Disclosure](#).

I agree to use electronic records and signatures.

CONTINUE OTHER ACTIONS ▾

Click on **Start**

DocuSign Envelope ID: 04790560-79E3-41A6-AC90-444F61C4D360

DEMONSTRATION DOCUMENT ONLY
PROVIDED BY DOCUSIGN ONLINE SIGNING SERVICE
999 3rd Ave, Suite 1700 • Seattle • Washington 98104 • (206) 219-0200
www.docusign.com

START

W-9
Form
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see Purpose of Form, below.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

Opera, Lo1a

Click on the **Sign** icon and sign the document.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person **Sign** ↓ Date 9/24/2024

General Instructions

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect

SIGN

Click **Adopt and Sign**

Adopt Your Signature

Confirm your name, initials, and signature.


* Required

Full Name*

Zelda Doomsday

SELECT STYLE DRAW UPLOAD

PREVIEW

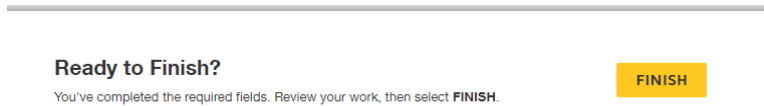
Signed by:  Initial: 

5AE07A29DEA5454...

By selecting Adopt and Sign, I agree that the signature and initials will be the electronic representation when I (or my agent) use them on documents, including legally binding contracts.

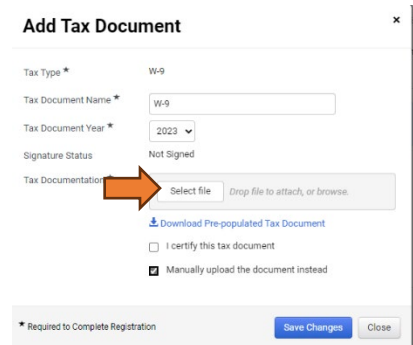
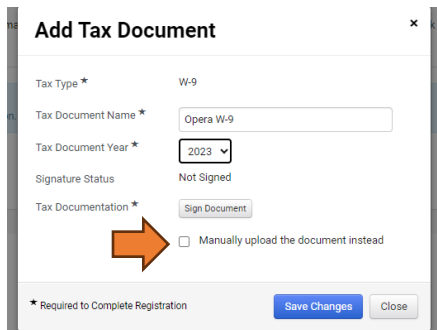
ADOPT AND SIGN CANCEL

Click **Finish**

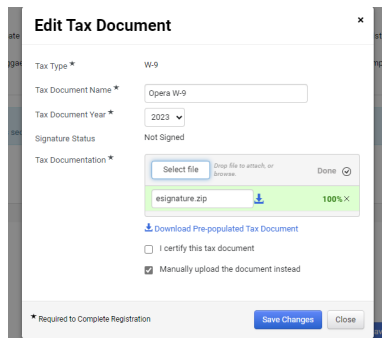


SECOND OPTION:

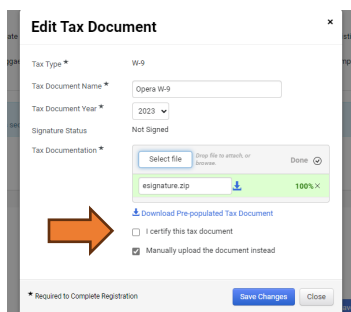
To manually download the W-9, select the **Manual Upload** radio button and click on **Select File**.



Select and download the file.



Check the **“I certify this tax document”** box to certify you are the one submitting the document.



Enter your **Full Name** and click **Save Changes**.

Edit Tax Document

Tax Type * W-9

Tax Document Name * Opera W-9

Tax Document Year * 2023

Signature Status Not Signed

Tax Documentation *
Select file | Drop file to attach, or browse. Done
esignature.zip | 100% X
Download Pre-populated Tax Document
 I certify this tax document

Electronic System Submission
Under penalties of perjury, I certify that:

- I am the same person (or payee's agent) accessing the system and submitting this form as identified on this form.
- By submitting this form electronically, I am offering my electronic signature as the payee identified on this form and I agree my electronic signature is the legal equivalent of my manual signature.

eSignature
Enter Your Full Name
 Manually upload the document instead

* Required to Complete Registration
Save Changes Close

Make sure to answer the questions in the **“Additional Question”** section at the bottom of the screen. Click **Save Changes** and **Next**

Additional Questions

Are you providing any of the below services? *

Royalties
 Rents
 Medical/Healthcare
 Attorney/Legal
 None of the above

Reason for invitation? *

Product Only
 Service Only
 Product and Service
 Award
 Emergency Fund
 Other: Memberships, Sponsorships, Dues, Events

← Previous Next **Save Changes**

OPERS

To sign the OPERS form, click on **Sign Document**

OPERS

NOTE: To utilize the "Sign Document" functionality in Jaggaer, make sure your browser is allowing pop-ups. Once you allow pop-ups, you may have to click "complete signing" to prompt the DocuSign screen to reload.

OPERS DocuSign *

No Signed Document **Sign Document**

Click **Continue**

CONTINUE OTHER ACTIONS ▾

Click **Start**

DocuSign Envelope ID: 6ED55D89-F377-4B94-B00D-7C1A99A7B920


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START

NON-MEMBER ACKNOWLEDGMENT

Ohio Public Employees Retirement System
277 East Town Street, Columbus, Ohio 43215-4642

Employer Services: 1-888-400-0965
www.opers.org



Fill in all areas with red boxes.

overpayments or pension owed to the employer.

STEP 1: Personal Information

First Name MI Last Name

Date of Birth: Month Day Year

STEP 2: Public Employer Information (To be completed by the Public Employer)

Name of Public Employer for which individual is providing personal services
Bowling Green State University

Employer Contact
First Name MI Last Name

Employer Code Employer Contact Phone Number

Click the **Sign** icon.

Signature   Today's Date

Do not print or type name

Sign the OPERS document and then click **Finish**.

Signature  Today's Date

Do not print or type name

Ready to Finish?

You've completed the required fields. Review your work, then select **FINISH**.

FINISH

Answer the additional questions at the bottom and click **Save Changes** and **Next**.


OPERS

NOTE: To utilize the "Sign Document" functionality in Jaggaer, make sure your browser is allowing pop-ups. Once you allow popups, you may have to click "complete signing" to prompt the DocuSign screen to reload.

OPERS DocuSign *


[Signed Document](#) Actions

Are you currently receiving OPERS or other retirement system benefits? *

Yes 


No

Are you a retiree of BGSU? *

Yes 

No

* Required to Complete Registration

[Previous](#) [Next](#) [Save Changes](#) 

Click **Proceed to Certify and Submit** at the bottom of the page.

[Next >](#) [Proceed to Certify and Submit >>](#) [Save Changes](#)

Click the box under Certification and click **Submit**.

Certify & Submit

Please type your initials in the box below, acknowledging that all information is correct and complete. It is each individual's responsibility to ensure all information remains current. Inaccurate information may result in payment delays.


Additionally, by submitting this registration, you certify all information provided is true and accurate. Knowingly providing false information may result in disqualifying you from doing business with us.

Preparer's Initials *


Preparer's Name *

Preparer's Email Address *

Today's Date


Certification * I certify that all information provided is true and accurate. 

* Required to Complete Registration

 [Submit](#)

This screen verifies that you have completed the registration and gives you the next steps.

Thank You for Registering

 Registration Complete for Doomsday, Zelda!

Next Steps

- You will receive a confirmation email with information on what to expect next.
- Bookmark this site in your browser so you can easily make updates to your business profile.
- [Return to the homepage](#) and check for any other outstanding tasks.
- [Return to Registration Profile](#)

You will then receive the below e-mail from purchasing@bgsu.edu stating that the registration has been completed.

RE: Zelda Doomsday has Completed Registration

Dear Kasha Donnelly,

Zelda Doomsday has completed their registration information. It will now go through the proper internal vetting process. No further action is needed by you at this point. You will receive an email when they have been approved for use in the system.

Thank You,

BGSU Purchasing

Support Team Contact Information:

+1 419-372-3308

FalconsPurch@bgsu.edu