

# Registration Instructions-Vendor

You will receive an e-mail from [purchasing@bgsu.edu](mailto: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 Opera,

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](mailto: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**



[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](mailto:purchasing@bgsu.edu) or 419-372-8411.

[Continue With Registration](#)



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: Lola  
Last Name: Opera  
Owner  
Title  
Phone Number: 4193728019 ext.  
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+opera@bgsu.edu  
Confirm Email: kmarti+opera@bgsu.edu  
Password: .....  
Re-Enter Password: .....  
 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**

Your **Legal Company Name** should auto populate at the bottom of the screen. Click **Save Changes** and **Next**.

### Welcome to Supplier Registration

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.

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For specific questions regarding BGSU requirements, please reach out to BGSU Purchasing at [purchasing@bgsu.edu](mailto:purchasing@bgsu.edu) or 419-372-8411.

**Required to Start Registration**

Legal Company Name: Ziggy Zoombay

**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**.

**Company Overview** ?

- **Country of Origin:** select the country that your business is originated in.
- **Legal Structure:** classification for tax purposes
- **Tax ID Number:** No spaces or no dashes; correct format is XXXXXXXXXX
- **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 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)*

Doing Business As (DBA)

Country of Origin

Legal Structure\*

Tax ID Number

Are you exempt from backup withholding? \*  Yes  No

Website

**Additional Questions**

Country of Incorporation? \*

\* Required to Complete Registration

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

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 check the appropriate boxes. Click **Next**

**Add Address** x

**Basic Information** (Step 1 of 3) ?

What would you like to label this address? \*

Example: Headquarters, Houston Office

Which of the following business activities take place at this address? (select all that apply) \*

- Takes Orders (fulfillment)
- Receives Payment (remittance)
- Other (physical)

\* Required to Complete Registration

[Next](#)

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

### Add Address

**Address Details** (Step 2 of 3) ?

How would you like to receive purchase orders for this fulfillment address? \*

Email Address \*

Confirm Email \*

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

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**.

### Add Address

**Primary Contact For This Address** (Step 3 of 3) ?

You can also update and add Contacts later from the Contacts page.

Enter New Contact  Not Applicable

Select additional contact type(s) to apply

- Takes Orders (fulfillment)
- Receives Payment (remittance)
- Other (physical)
- Corporate
- Sales
- PO Failure

Contact Label \*

First Name \*

Last Name \*

Position Title

Email \*

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

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

**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:*

- Main (Corporate)
- Fulfillment (PO delivery)
- Remittance

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

[Add Address](#) [Show Inactive Addresses](#)

[< Previous](#) [Next >](#)

Read the instructions and then click **Add Contact** and select the appropriate **Contact Label**.

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

**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.

**Required Information**

The following contacts are required to complete registration:

- Remittance

Contact Label	Contact Types	Name	Email
<a href="#">Add Contact ▾</a>			

[< Previous](#) [Next >](#)

**Contact Label**

[Add Contact ▾](#)

Corporate

Fulfillment

PO Failure

Remittance

Sales

Other

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

**Add Contact** ×

Contact Label \*

Which of the following business activities apply to this contact?  Remittance

First Name \*

Last Name \*

Position Title

Email \*

Phone \*

Mobile Number

Toll Free Phone

Fax

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	kmarti+opera@bgsu.edu	<input type="button" value="Edit"/>


Click **Add Diversity Classification**

**Diversity**

Please select **"Add Diversity Classification"** and select all that apply to your organization. If nothing applies, select **"Does Not Qualify as a Small Business or Diverse Supplier"** or select **"Decline to answer"**.

**Required Information**  
Please click on the "Add Diversity Classifications" button to declare any Diversity Classifications that are applicable to you or to state that you do not qualify.

Click the button below to choose the diversity classifications that apply to your business.



Select the options that apply to your business. If nothing applies, select **"Does not Qualify as a Small Business or Diverse Supplier"** and click **Done**.

**Small Business Status and Diversity Classifications** x

**▼ No Classification**

Does Not Qualify as a Small Business or Diverse Supplier (DoesNotQualify)  Decline to Answer (DeclineAnswer)

**▼ Federal Diversity Classifications**

Small Business  Minority Business Enterprise (MBE)

**▼ State Diversity Classifications**

State of Ohio Encouraging Diversity, Growth and Equity (OH-EDGE)

## Click Next

**Diversity**

Please select "Add Diversity Classification" and select all that apply to your organization. If nothing applies, select "Does Not Qualify as a Small Business or Diverse Supplier" or select "Decline to answer".

Your business is currently specified as not diverse or non-US based.

[Add Diversity Classifications](#)

[Previous](#) [Next](#)

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](#)

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

Yes  
 No

No payment information has been entered.

[Add Payment Information](#)

- Direct Deposit (ACH)
- Virtual Card
- Check

Did you select ACH/E

First thing that needs to be filled out is the **Account Number Type** under the **Bank Account** section. Click on the drop-down arrow and select **Account Number**.

**Bank Account**

Country \*

Bank Name \*

Account Holder's Name \*

Account Type \*

Account Number Type \*

Address Line 1 \*

Address Line 2

Address Line 3

Account Number

IBAN

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

### Add Payment Information

Only associated countries are displayed.

Payment Title \*

Country \*

Payment Type \*

Remittance Address \*

Electronic Remittance Email \*

Currency \*

Contact Name \*

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)

### 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.

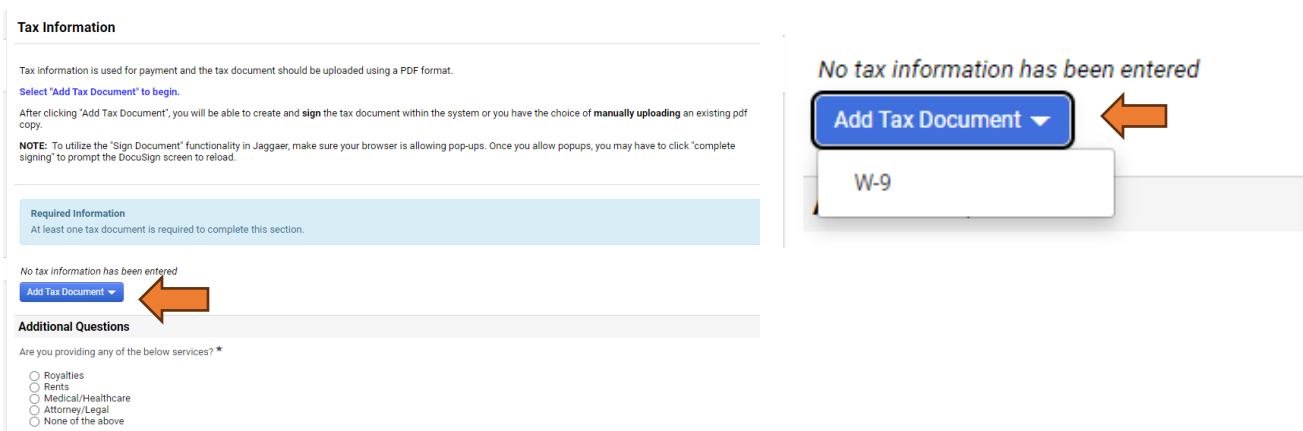
Bank Validation \*

Drop file to attach, or browse

Traffic\_Stop\_Uniform\_Sup  100%



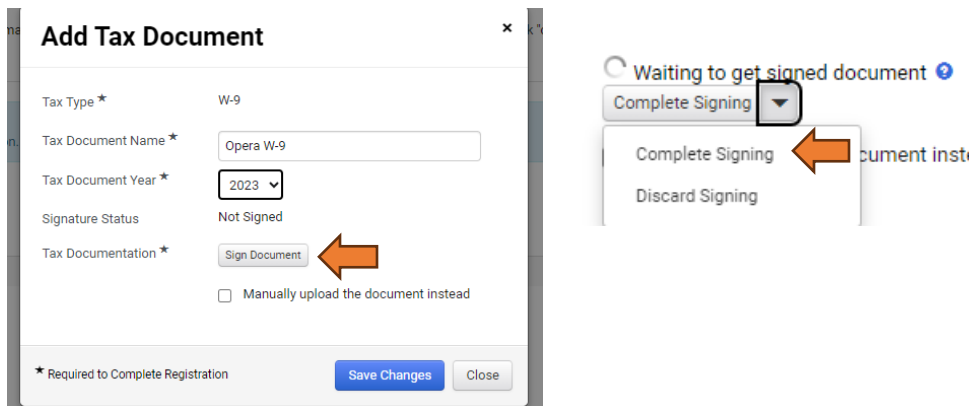
Read the instructions on this page and click **Add Tax Document** and select **W-9** from the drop-down menu.



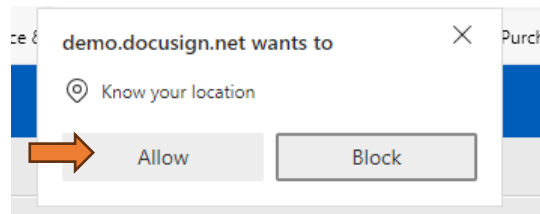
You have the option of either using DocuSign to sign a pre-filled W-9 or you can manually upload the document instead.

**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.



If DocuSign does not automatically load, you will need to click **Allow** to continue with signing the document. Click **Complete Signing** again.



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**

**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

**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](http://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, Lola**

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

**SIGN**

**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**

Now 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

Click **Adopt and Sign**

**Adopt Your Signature**

Confirm your name, initials, and signature.

\* Required

**Full Name\*** Lola Opera **Initials\*** LO

**SELECT STYLE** DRAW UPLOAD

**PREVIEW** Change Style

Signed by: Lola Opera Initial LO  
5840D7645632496...

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

**ADOPT AND SIGN** CANCEL

## Click **Finish**

### Ready to Finish?

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

**FINISH**

## **SECOND OPTION:**

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

The image shows two screenshots of the "Add Tax Document" form. The left screenshot shows the "Tax Documentation" section with a "Sign Document" button and a "Manually upload the document instead" checkbox. An orange arrow points to the checkbox. The right screenshot shows the same form with the "Manually upload the document instead" checkbox selected and a "Select file" button highlighted with an orange arrow.

Select and download the file.

The image shows a screenshot of the "Edit Tax Document" form. The "Tax Documentation" section shows a file named "esignature.zip" uploaded and shown as 100% complete. An orange arrow points to the "Download Pre-populated Tax Document" link.

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

The image shows a screenshot of the "Edit Tax Document" form. The "Tax Documentation" section shows the "I certify this tax document" checkbox checked. An orange arrow points to the checkbox.

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

Make sure to answer the question 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

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

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

**Certify & Submit**

Please type your initials in the box below acknowledging that you are a company official and that all information is correct. It is the Supplier's responsibility to ensure company information is accurate and that company information is kept current. Inaccurate company 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 or your company from doing business with us.

The 'title' field should be your role in your company (i.e. payroll, sales rep, accounts receivable, owner, vice president, president).

Preparer's Initials \*

Preparer's Name \*

Preparer's Title \*

Preparer's Email Address \*

Today's Date 9/24/2024

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

★ Required to Complete Registration

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

**Thank You for Registering**

✓ Registration Complete for Opera, Lola!

**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.
- [Send new user request](#) to an additional portal user.
- [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](mailto:purchasing@bgsu.edu) stating that the registration has been completed.

## Supplier Registration Complete for Bowling Green State University

Dear Opera, Lola,

Thank you for completing your registration profile on Bowling Green State University. Bowling Green State University is a best in class Supplier Registration and eProcurement system. Accessible via the world-wide-web, Bowling Green State University provides a one-stop, complete solution for Buyer/Supplier communications.

As a reminder, you can log into your secure account by visiting Bowling Green State University's [Customer Portal Login Link](#).

Thank You,

Bowling Green State University

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