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| J:\Function\Branding\- New OMES logo\Horizontal\OMES-logo-horiz-RGB.jpg |  | Change of Supplier Information |

**Supplier Name:**

|  |  |  |
| --- | --- | --- |
| Solicitation or Purchase Order# |       |  |
| *Supplier to complete all spaces below, if not applicable or no change supplier to indicate N/A or check box.*1. Supplier General Information: If new FEI/SSN provided, attach a revised W9
 |
| FEI / SSN :  |       | Supplier ID: |       |
| 1. Supplier Contact Information:
 |
| Address: |       |
| City: |       | State: |    | Zip Code: |       |
| Contact Name: |       |
| Contact Title: |       |
| Phone #: |       | Fax #: |       |
| Email: |       | Website: |       |
| 1. Workers’ Compensation Insurance Coverage:
 |
| [ ]  YES – New Certificate of insurance attached |  |
| [ ]  NO CHANGE |  |
| 4. Registration with the Oklahoma Secretary of State: |
| [ ]  YES - Filing Number: |       |  |
| [ ]  NO CHANGE |
| 5. Contract ResponsibilityThe undersigned, a duly authorized agent for the above named supplier, by signing below acknowledges the information provided is correct. The undersigned further certifies the supplier will honor and uphold the terms, conditions, and price agreement previously established with this supplier prior to the information change. |
|  |  |       |
|  Signature of Authorized Agent for Supplier |  | Date |
|       |  |       |
| Printed Name of Authorized Agent for Supplier |   | Title of Authorized Agent for Supplier |