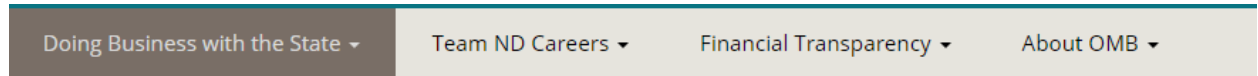


STEP 1: HOW TO – REGISTER AS A SUPPLIER For Department of Human Services Rental Assistance Payments

1. Click “Online Application” to begin the application to be added as a new or update existing information in our system to receive payment.



[Home](#) / [Doing Business with the State](#) / [Procurement](#) / [Vendors](#)

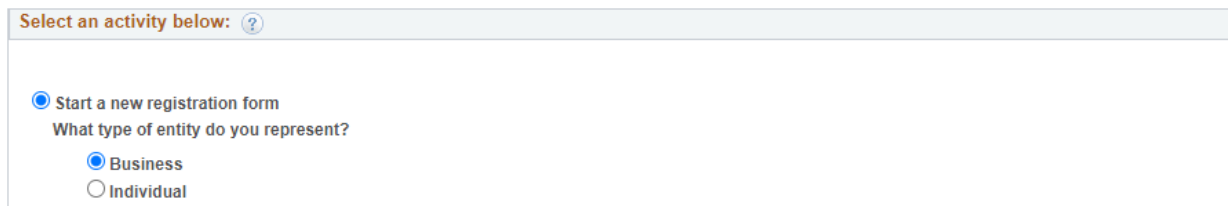
Vendors

Vendor Registry provides assistance to register suppliers to receive payment. We also assist bidders and process bidder's list applications for those wishing to receive notice of state bidding opportunities.

New Vendor (Supplier or Individual) Online Application

New vendors (suppliers and individuals) looking to receive payment from the State should use our online supplier registration pages to apply for a vendor (supplier) number, [Online Application](#).

2. Choose whether you are registering as an Individual or Business and click “Next”.



Select an activity below: ?

Start a new registration form

What type of entity do you represent?

Business

Individual

- Give information about yourself or your business. If at any time you need additional help **click the HELP (?)** next to the section heading.

Welcome
Identifying Information
Addresses
Contacts
Submit

Exit Save for Later Previous Next

Identifying Information - Step 2 of 5

*Company Identification Number is 4-6 digits (PIN) chosen by you, the registrant.

Individual's names should be entered as LAST, FIRST MI (e.g. DOE,JOHN S). Commas and apostrophes should not be used in business names.

Unique ID & Company Profile (?)

*** Company Identification Number**

NO SPACES OR DASHES **Tax Identification Number**

*** Supplier Name**

Additional Name

http://URL [Open URL](#)

US Based Business
 Foreign Based Business

Profile Questions (?)

*** Tax Classification**

*** Do you report payment information to IRS?** Unless IRS sees you as non-reportable

*** OMB/IRS Form Link** [Add Attachment](#) <https://www.irs.gov/pub/irs-pdf/fw9.pdf>

Attach a copy of your IRS tax-exempt determination letter if your non-profit organization is federally exempt. [Add Attachment](#)

Enter special program code if applicable

Comments (?)

Exit Save for Later Previous Next

* Required field

Profile Attachments

Attached File	* Attachment Type	Upload	View
1	IRS W-9	Upload	View

[Return](#)

x
File Attachment

Choose File Find your saved W-9 form

Upload Cancel

- Enter the mailing address for payments and correspondence to be sent. If multiple addresses are needed, enter the "Additional Address" that will be receiving a payment.
*Each address requires Payment/Banking Information and 1099/Withholding Information be defined if you file with IRS.

Primary Address ?

* Country United States

Address 1

Address 2

Address 3

City

County

State Postal

Email ID

Payment/Banking Information ?

Payment Method (Direct Deposit)

Email ID

Email Payment Advice:

Bank Name

Bank Account Type

ABA Routing Number

Bank Account #

Personal Account:

Additional Address ? **OPTIONAL**

Add any addresses you require that are different from the address provided above

Find First 1 of 1

Address Nickname

Country United States

Address 1

Address 2

Address 3

City

County

State Postal

Email ID

1099/Withholding Information ?

TIN Type

Taxpayer Identification Number

*Withholding Type	*Withholding Class
<input type="text" value="1099M - 1099 Misc 2020"/>	<input type="text" value="01 - Rents"/>

Add Another Address Delete Previous Next

- Add at least one Primary Contact must exist.

Contacts - Step 4 of 5

To ensure you receive correspondence about your account, if a contact is absent or leaves the company, use an "info email account" for at least one contact's email address. Each contact must be designated to an address. One Primary Contact must exist.

Company Contacts ?

You have not added any contact information to your application. Choose "Add Contact" to add new contact information.

Company Contacts

Primary	Name	Contact Type	Phone	* Designate Address
<input checked="" type="checkbox"/>	John Doe	Executive Management	123-4567	<input type="text" value="PRIMARY/PHYSICAL Street 1"/>

Required: Link contact to address

Contact Information ? **One "Primary Contact" is required.**

* First Name

* Last Name Primary Contact

Title

* Email ID

* Telephone Ext

Fax Number

* Contact Type

User Profile Information ?

* Requested User ID (e.g. JDoe)

* Display Name (e.g. John Doe)

6. Review your application for accuracy and Submit!

Submit - Step 5 of 5

Review your registration information and the "Terms of Agreement". Click to accept the Terms of Agreement and 'Submit' your registration to Vendor Registry. You may 'Save for Later' to leave and continue registration where you left off. Select the "Review" button to review the registration information.

Click the "Submit" button to submit your registration after reviewing and accepting following Terms of Agreement .

Email communication regarding this registration will be sent to:

Enter email address

Terms and Conditions ?

Make sure you read terms of agreement fully before submitting your registration.

Select to accept the Terms of Agreement below.

[Terms of Agreement](#)

Review

Submit

*The Office of Management & Budget - Vendor Registry will review your application for completeness and approval. You will be emailed your Supplier ID when it is approved. Applications may take 1-2 business days for review and approval.

STEP 2: TO RECEIVE PAYMENT:

1. OMB does not work with payments, payment statuses or have information on your renters or application. Once you have your Supplier ID you will need to work with Department of Human Services Rental Assistance Program to get into their system and request payment or information on your application status.
- **NEED HELP?** Please contact 701-328-1907 or dhserb@nd.gov.