



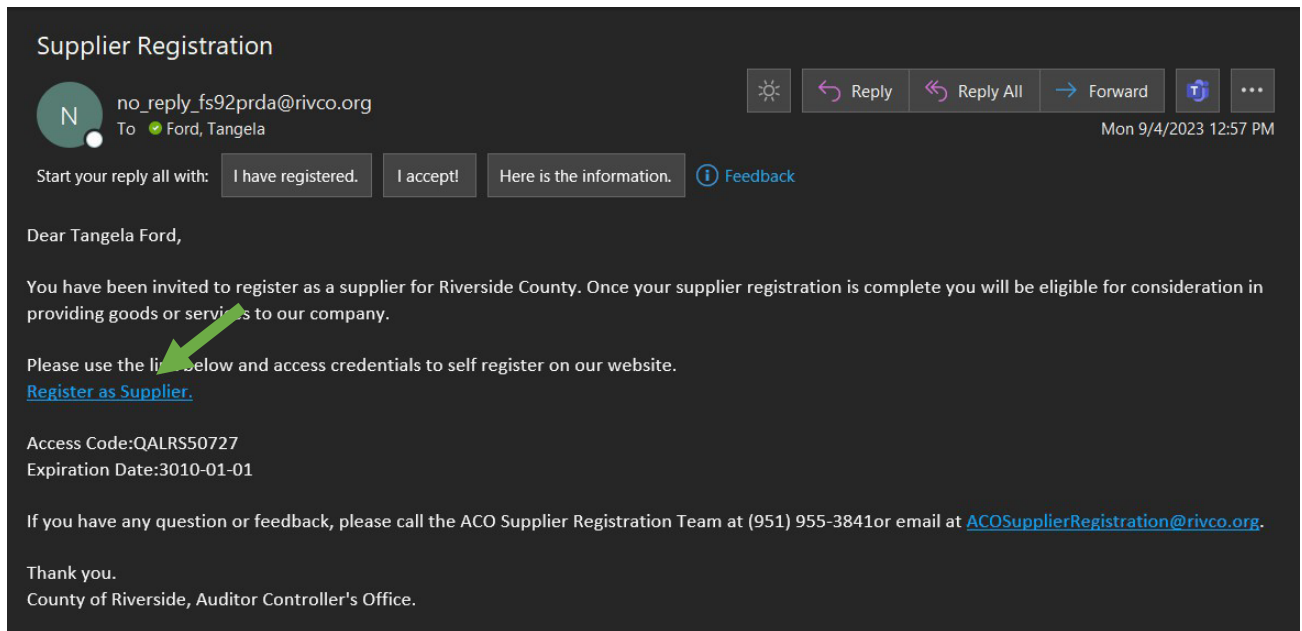
New Supplier Registration: Instructions for Supplier

Purpose: Instructions to Supplier on how to register as a New Supplier.

Once the supplier receives the invitation email:

1. Note the "Access Code".
2. Click the link.

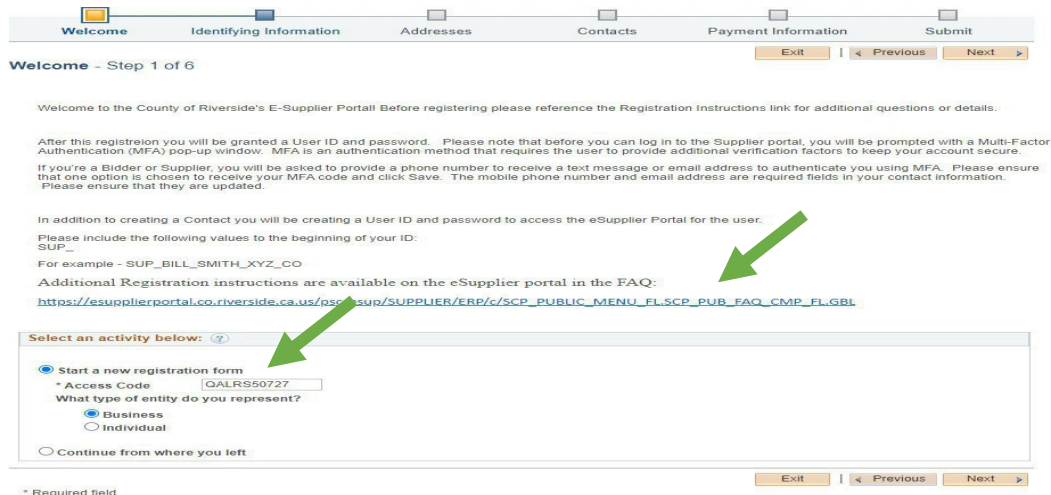
(Invitation Email)



Email invitation link takes supplier to the Welcome Page of the Supplier Registration

Notice:

1. Link on Welcome Page tab takes Supplier to FAQ's tile where documents needed for registration can be found:
 - a. Fillable W-9
 - b. Supplier Registration Instructions- Page 8 of this PDF - "Exhibit A"
 - c. Authorized signer Form (if applicable)





New Supplier Registration: Instructions for Supplier

FAQ's

*View by Category

Instructional Documents

- Registration Instructions
- Supplier User Instructions
- Bidder User Instructions
- Bidding on Strategic Sourcing Event Instructions

Informational Documents

- ACH Authorized Signer Page
- Fillable W-9
- Supplier Registration Terms and Conditions
- Supplier Registration Instructions

Didn't find what you were looking for? [Contact Us](#)

Instructional Documents

Registration Instructions

The registration instructions document gives the steps to register as a Supplier User and a Bidder Registration. Supplier User Registration is for existing suppliers with Riverside County and this registration will be for a new User ID and Password. Bidder Registration instructions is vendors new to the county that wants to register to do business with Riverside County.

https://auditorcontroller.rivcoveb.acsfactory.com/sites/g/files/aldnop171/files/2023-05/01_Supplier%20Portal%20User%20Guide.pdf

Supplier User Instructions

The supplier User Instruction document gives a Supplier User the information to perform task as a Supplier User in the system. Included is instructions on how to request changes to your companies profile and also includes instructions on how to view transactions such as Purchase Orders, Receipts, Vouchers, and Payments

https://auditorcontroller.rivcoveb.acsfactory.com/sites/g/files/aldnop171/files/2023-05/02_Supplier%20User%20Guide.pdf

Bidder User Instructions

The Bidder User Instructions gives a user registered as a Bidder Instructions on how to maintain their company profile as well as how to bid on a Solicitation in the system

<https://northsuing.rivcoveb.acsfactory.com/sites/g/files/aldnop171/files/2023-05/Bidder%20User%20Guide.pdf>

[Go to Top ▲](#)

Identifying Information Page (Reference "Exhibit A" on Page 8 of this PDF)

1. Enter TIN in "Tax Identification Number" section.
2. Enter business or individual's name in "Entity Name" section.
3. Add required attachments:
 - I. Current W9
 - II. Proof of address. Examples:
 1. Documentation from County of Riverside Department
 2. Invoice
 3. Contract or Purchase order
 4. Valid Government Issued ID or DL
4. Select a UNSPSC Code. Us the magnifying glass to find your industry.
5. Answer the DPSS Question.
 - I. DPSS Question: will allow us to query for prioritized processing.

The screenshot shows the 'Identifying Information - Step 2 of 6' form. Key sections include:

- Unique ID & Company Profile:** Fields for Tax Identification Number, Entity Name, Additional Name, and http://URL.
- Government Classifications:** Fields for EEO Certification Date, Certificate Begin Date, Certificate Expiration, Government Classification, and Certification Number.
- Profile Questions:** A dropdown menu for 'Did you receive your Supplier Registration certificate from the Department of Public Social Services (DPSS)?' is highlighted in yellow.
- Standard Industry Codes:** A search field for UNSPSC codes.
- Additional Reporting Elements:** Fields for Common Parent's TIN, Common Parent's Name, and various business ownership types (LGBTQ-Owned, Veteran Owned, etc.).



New Supplier Registration: Instructions for Supplier

(Add attachment screen)

The screenshot shows the 'Supplier Attachment' interface. A modal dialog box titled 'File Attachment' is open, displaying the message 'You may attach up to 99 files to upload'. Below this message, there is a 'Choose Files' button and a file name 'ACO Test Run_W9.pdf'. At the bottom of the dialog are 'Upload' and 'Cancel' buttons. The background interface includes a table with columns for 'File Name', 'Description', and 'Date/Time Stamp', and an 'Add Attachment' button.

Address:

- 1.) Enter street number, street name and suite (if applicable) in address 1.
- 2.) Enter City and state.
- 3.) Enter Zip code in "Postal" section.

A horizontal progress bar with six steps: 'Welcome', 'Identifying Information', 'Addresses', 'Contacts', 'Payment Information', and 'Submit'. The 'Addresses' step is highlighted with an orange square. Below the bar are navigation buttons: 'Exit', 'Previous', and 'Next'.

Addresses - Step 3 of 6

Enter business address to which mailed correspondence, including payments, will be mailed. Please reference Registration Instructions link for more details.

Primary Address

* Country

Address 1

Address 2

Address 3

City

County Postal

State

Email ID

Other Addresses

Check boxes below to indicate addresses that are different from your Primary Address above:

Remit To Address
Address for remitting payment

Invoice Address
Address from which you send invoice

Exit | Previous | Next



New Supplier Registration: Instructions for Supplier

If remit to address or invoice address is different from primary address:

3. Select "Remit to Address" and/or "Invoice Address" to enter more addresses.
4. Click "Next" button.

Progress bar: Welcome (grey), Identifying Information (grey), **Addresses** (orange), Contacts (grey), Payment Information (grey), Submit (grey)

Addresses - Step 3 of 6 Exit | Previous Next

Enter business address to which mailed correspondence, including payments, will be mailed. Please reference Registration Instructions link for more details.

Primary Address

* Country United States

Address 1

Address 2

Address 3

City

County Postal

State California

Email ID

Other Addresses

Check boxes below to indicate addresses that are different from your Primary Address above:

Remit To Address
Address for remitting payment

* Country United States

Address 1

Address 2

Address 3

City

County Postal

State

Email ID

Invoice Address
Address from which you send invoice

Exit | Previous Next

Contact Page:

1.) In the "Description" field, describe what your payment is for. Some examples include:

- Refund
- Childcare Work
- Election officer
- Grant Recipient
- Board Donation Recipient
- Deposit Refund

If you are a business, enter your business entity type abbreviation and "Services" or "Products".

Business Entity Type: Abbreviation

- Sole Proprietor (includes Individual and or Sole Owner of DBA): Sole
- Partnership, Limited Partnership: P
- Limited Liability Partnership: LLP
- Single Member Limited Liability Company: LLCsm
- Limited Liability Company C Corp: LLC-CCorp
- Limited Liability Company S Corp: LLC-SCorp
- Corporation: CCorp or SCorp

2.) Enter first name, last name, email, and mobile number of the primary contact in the relevant fields.

3.) Enter a User ID and password. This will be your log in for the eSupplier portal.



New Supplier Registration: Instructions for Supplier

Contacts - Step 4 of 6

Please refer to Business Site Administration - NOTE LLCs MUST include their classification. Please click Registration Instructions link for a list of business Company Classifications.

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

Add Contact

* Required Field

Contact Information

Description: LLC-Science

* First Name: Haleigh Primary Contact

* Last Name: FARM

Title:

* E-mail ID: hfarm@science.org

* Telephone: 9512833144

Fax Number:

Contact Type:

User Profile Information

* Username: Add to favorites

Password:

Confirm Password:

Description: LLC-Science

Language Code: English

Time Zone:

Currency Code: United States

OK **Cancel**

Payment Information: **OPTIONAL** (For additional details reference Exhibit A of this document)

Only complete this portion to initiate a request for ACH enrollment. ACH enrollment can take between 2-4 weeks to become effective.

Payments made during the waiting period will be mailed to the address on file until ACH enrollment is finalized. A confirmation email will be sent from the ACO once ACH enrollment is complete. ACH enrollment is only available to US Bank accounts; this excludes US intermediary bank accounts.

Complete the following fields:

- **Bank Name,**
- **Bank account number**
- **Account type**
- **Bank ID Qualifier: 001**
- **Bank ID and DFI ID is the ACH routing number.**
- **DFI Qualifier: 01**
 - **Attach voided check or bank letter from the bank or credit union and ACH Authorized signer form. The ACH Authorized signer form can be found on the FAQ's page and is also Exhibit B of this document.**

Payment Information - Step 5 of 6

Please reference the Registration Instructions link for additional questions or details.

Payment Preferences:

Withholding Required

Supplier Banking Information

Bank Name: Bank of America

Branch Name:

Bank ID Qualifier: 001 United States Bank

Bank ID: 122000356

Bank Account Number: 123456789000

DFI Qualifier: 01

IBAN:

DFI ID: 122000356

Bank Address

Address 1:

Address 2:

Address 3:

City:

County:

State:

Postal:

Bank Phone

Phone:

Phone:

Ext:

Fax:

Payment Attachments

Attachments

File Name	Description	User

Adding large attachments can take some time to upload before adding large attachments.

File Attachment

You may attach up to 99 files to upload

Choose File: BANK INFORMATION.pdf

Upload Cancel

OK **Cancel**

Attachments

Add Attachment

Standard Industry Codes

UNSPSC

Add SIC Code

URL Information


URLID

Description




New Supplier Registration: Instructions for Supplier

(Authorized Signer Page 1 of 2)



County of Riverside ACH Authorized Signature Form



I declare, under penalty of perjury under the laws of the State of California, that the information entered belongs to the supplier per the supplier registration therefore subsequently the supplier profile and I am authorized to enroll the supplier in the County of Riverside's ACH process.

Supplier Name:

Supplier Number:

I have provided a voided check and or a Bank Letter

I have provided a completed a W9

I have provided a business card or other proof showing my affiliation with the Payee.

Authorized Enrollee Signature: Date:

Refer to page 2 for a listing of authorized enrollee signers.

Print Name & Title:

Upload a supporting document, establishing your affiliation with the supplier per page 2 of this form, along with this form.

Email questions to ACOVendorProcessing@rivco.org or contact us at (951) 955-3841

Submit Page:

- 1.) Enter email address.
- 2.) Review Terms and Conditions
- 3.) Click "Select to accept the Terms of Agreement below."
- 4.) Click Submit

WelcomeIdentifying InformationAddressesContactsPayment InformationSubmit

Exit | Previous Next

Submit - Step 6 of 6

Please review all information to ensure accuracy. Your E-Supplier information will be processed in the order received as part of a workflow process.
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:

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

ReviewSubmit

Exit | Previous Next




New Supplier Registration: Instructions for Supplier

Supplier receives 2 Confirmations:

1. On Screen
2. Email

Registration Submit Details

Submitted

 You have successfully submitted your registration.

Your registration ID:
0000000011

An email regarding the registration status will be sent to:
TaFord@rivco.org

Your registration form has been submitted for approval



no_reply_fs92prda@rivco.org
To  Ford, Tangela



 Reply

 Reply All

 Forward



Mon 9/4/2023 2:12 PM

Your supplier registration form, registraion ID 0000000011 has been submitted for approval.

You will be notified at this email address of any changes in your registration status.

If you have any question or feedback regarding your registraion ID 0000000011, please call the ACO Supplier Registration Team at (951) 955-3841, or email ACOSupplierRegistration@rivco.org.

Thank you.
County of Riverside, Auditor Controllers Office

Please note: A separate email will be sent regarding your ACH Enrollment after the 2–4-week enrollment period.

REGISTRATION INSTRUCTIONS

Supplier

Registration

Please have these readily available before proceeding with Registration

- Supplier/Payee name, as you want it to appear on payment instruments
 - Supplier/Payee address, where you want payments to be delivered
 - Supporting Document (see end of instructions)
 - Attach W-9 and Supporting Documents to Identifying Information Section. **The Auditor Controller’s Office (ACO) only accepts the most updated IRS Version.** A fillable version has been provided on the instructions tile.
 - Attach ACH documents in Location section (See “Location” below)
 - TIN (Tax Identification Number)
For: Sole Proprietor, Sole Proprietor W/DBA, or Single Member LLC
Provide: SSN or EIN of the individual (Single Member)
For: Partnerships or Corporation (C-Corp, S-Corp, LLC-C Corp, LLC-S Corp, Incorporated, etc.)
Provide EIN (Required)
- Please note: RIVCO ACO uses IRS TIN match to verify TIN information. Please make sure the entity name and TIN information provided is accurate. The County of Riverside reports payments to the IRS when applicable.

Welcome

Select "Start a new registration form" if you’ve clicked the link sent for the first time. If you started a registration and returning, please select "Continue from where you left".

Identifying Information

Tax Identification Number: This number will correspond to the “Entity Name” portion. Remember if you are a Sole Proprietor or the Single Member of a Single Member LLC, please provide your SSN, **UNLESS** you have elected to be taxed as a corporation. Also, please remember to provide TIN information for the Parent company or individual of a DBA if applicable.

Entity Name: Please enter the entity name as it should appear on payment instruments. Please note, if the business is a parent company of subsidiaries or a Sole Proprietor with a DBA, please enter the parent company or individual’s name here.

Additional Name: This section only applies if you have 1 DBA or Subsidiary. If you are a parent company with *more than 1 subsidiary* or an individual *with more than 1 DBA* that does or will do business with the County of Riverside, please enter the Parent Company or individual’s name in "**Entity Name**" section above.

REGISTRATION INSTRUCTIONS

Address	<p>NOTE: If including subsidiaries, multiple address entries are required to include them in the supplier profile. This will need to be done as a change request once your initial registration is approved. Repeat the following for each subsidiary via Change Request, 5 Max. Contact ACOSupplierRegistration@rivco.org if more subsidiaries are needed.</p> <p>Address 1: Enter street number, street name and unit, suite and or floor if applicable.</p> <p>Address 2: Optional and available in the event address ID 1 reaches maximum characters</p> <p>Address 3: Optional and available in the event address ID 2 reaches maximum characters</p> <p>City: Enter the City of the address</p> <p>County: Optional, corresponds to the address being entered</p> <p>State: Enter the state of the address</p>
Contact: Business Type Abbreviation	<p>Please enter one of the following abbreviations followed by “- Services” or “-Materials” whichever is applicable to the product that your business will be providing.</p> <p>Business Type: Abbreviation</p> <p>Sole Proprietor (includes Sole Owner of DBA): Sole</p> <p>Partnership, Limited Partnership: P</p> <p>Limited Liability Partnership: LLP</p> <p>Single Member Limited Liability Company: LLCsm</p> <p>Limited Liability Company C Corp: LLC-CCorp</p> <p>Limited Liability Company S Corp: LLC-SCorp</p> <p>Corporation: CCorp or SCorp (Whichever is applicable)</p>
Location	<p>ONLY COMPLETE THIS SECTION IF YOU WOULD LIKE TO RECEIVE PAYMENT VIA ACH ENROLLMENT. US BANKS ONLY! DISCLOSURE: By entering bank account information you acknowledge, under penalty of perjury, that you are a/the authorized signer for both the bank account and the supplier for which this profile corresponds and to which payments will be remitted. You release the County of Riverside of any responsibilities, liabilities, penalties et.al. should the information provided be incorrect, fraudulent, or adverse in any other capacity. By attempting to conduct business with the County of Riverside you understand, acknowledge, and agree in the event any fraudulent activity is discovered or reasonably suspected the County of Riverside will prosecute to the fullest. INSTRUCTIONS: NOTE* An uploaded voided check or bank letter and ACH Authorized Signer sheet is REQUIRED. Bank ID Qualifier: Routing #, Account type: Select your account type, Bank Account Number: Account #, DFI ID: Same as Bank ID: Routing #</p>

Change Request

Change Request is the initiation of a change to the Supplier Record by the supplier user. All change requests require approval before becoming finalized.

All change requests require attachments of a W-9 and at least 1 supporting document.

Identifying Information

Supplier profile information can be updated here. Changes such as name, business type, TIN etc. Please note a change in TIN information may require a new supplier ID and registration. Enter updated information; attach W-9 and at least 1 supporting document in the "Identifying Information" section

Address

Company address. Enter updated information; attach W-9 and at least 1 supporting document in the "Identifying Information" section

Contacts

Company contacts and business type (see Business Abbreviation above). Enter updated information; attach W-9 and at least 1 supporting document in the "Identifying Information" section

Location

This section is for ACH Enrollment/Change of current ACH bank information. **ONLY COMPLETE THIS SECTION IF YOU WOULD LIKE TO RECEIVE PAYMENT VIA ACH ENROLLMENT. US BANKS ONLY!** DISCLOSURE: By entering bank account information you acknowledge, under penalty of perjury, that you are a/the authorized signer for both the bank account and the supplier for which this profile corresponds and to which payments will be remitted. You release the County of Riverside of any responsibilities, liabilities, penalties et.al. should the information provided be incorrect, fraudulent, or adverse in any other capacity. By attempting to conduct business with the County of Riverside you understand, acknowledge, and agree in the event any fraudulent activity is discovered or reasonably suspected the County of Riverside will prosecute to the fullest. INSTRUCTIONS: NOTE* An uploaded voided check or bank letter and ACH Authorized Signer sheet is REQUIRED. Bank ID Qualifier: Routing #, Account type: Select your account type, Bank Account Number: Account #, DFI ID: Same as Bank ID: Routing #Enter changes for New Account information. A signed ACH Authorized Signature form, and documentation for both existing and new bank account information are **required**. Acceptable documentation is a voided check or bank letter (notification from your financial institution) Please Note: bank account instructions on company letterhead is not acceptable. Upload a voided check or bank letter from your financial institution(s) for BOTH the account we have on file **and** the new account for which change regards.

REGISTRATION INSTRUCTIONS

Supporting Documents	A supporting document must state the supplier's name as requested and the address for which the supplier would like to have on their profile. Example of an acceptable supporting document include: invoice, company letterhead, purchase order, business card, State Articles of Incorporation, County DBA registration, etc. A W-9 will ONLY be accepted for INDIVIDUALS providing services that are not DBA nor Incorporated. ALL other BUSINESS TYPES must include a supporting document in addition to a W-9.
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County of Riverside ACH Authorized Signature Form



I declare, under penalty of perjury under the laws of the State of California, that the information entered belongs to the supplier per the supplier registration therefore subsequently the supplier profile and I am authorized to enroll the supplier in the County of Riverside's ACH process.

Supplier
Name:

Supplier
Number:

I have provided a voided check and or a Bank Letter

I have provided a business card or other proof showing my affiliation with the supplier.

Authorized Enrollee Signature:

Date:

Refer to page 2 for a listing of authorized enrollee signers.

Print Name & Title:

Upload a supporting document, establishing your affiliation with the supplier per page 2 of this form, along with this form.

Email questions to ACOSupplierRegistration@rivco.org or contact us at (951) 955-3841

FOR INTERNAL USE ONLY

Date Received:

Reviewed By:

Date:

Accounts Payable Manger Approval:

Date:

GAD - Division Chief Approval:

Date:

(A) Individual/Sole Proprietor or Single Member LLC - The owner of the business must sign the form.

(B) Corporation - If the business is a corporation (including Non-Profit Corporate structures), the form must be signed by an officer of the corporation. Qualifying officers include the following:

- * Chairman of the Board
- * President
- * Chief Executive Officer
- * Chief Financial Officer
- * Corporate Secretary or Assistant Corporate Secretary
- * Executive or Senior Vice President
- * Vice President
- * General Counsel
- * Treasurer or Assistant Treasurer
- * Controller or Assistant Controller
- * Chief Accounting Officer
- * Direct (Non-Profit ONLY)

(C) Partnership - If the business is a General Partnership of Limited Partnership, the form must be signed by a General Partner of the organization. A Limited Partner is approved to sign the form ONLY if this person has been specifically authorized by the partnership to participate in the control and management of the business.

(D) Limited Liability Company - If the business is a Limited Liability Company, the form must be signed by a Managing Member of the organization. A Manager is approved to sign the form ONLY if this person has been specifically authorized by the membership to participate in the control and management of the business.

(E) Government Agency - if the business is a Government Agency, the form must be signed by an officer of the agency. Qualifying officers include the following:

- * Executive Officer
- * Chief Administrative Officer
- * Chief Financial Officer
- * Finance Director
- * Agency Director
- * Department Head/Chief or Assistant Department Head/Chief
- * Bureau Chief or Assistant Bureau Chief
- * Division Chief
- * Treasurer or Assistant Treasurer
- * Controller or Assistant Controller
- * Fiscal Officer

(F) Trust - If the business is a Trust, the form must be signed by EACH individual who has been appointed as a trustee. A copy of the Trust Agreement that gives the names of each trustee MUST be included with the ACH Enrollment form.

(G) Estate - If the business is an estate of a deceased individual, the form must be signed by either the executor or the administrator of the estate. Evidence of the appointment of the executor or administrator MUST be included with the ACH Enrollment form.