

SCEIS vendor application process

1 Navigate to <https://scendeavors.org/>

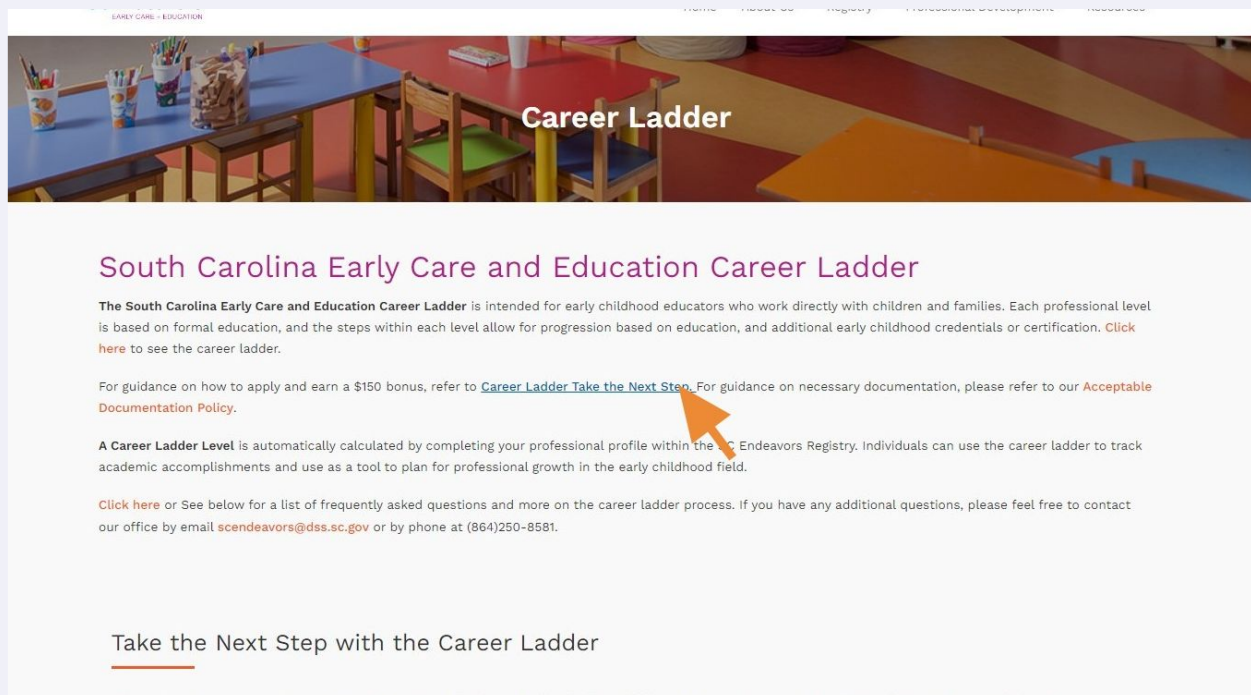
2 Click "Registry"



3 Click "Career Ladder"



4 Click "Career Ladder Take the Next Step."



5 Click on Step 3, "Obtain your SCEIS vendor number".

Step 1 The program's leadership must [Create an Organizational Profile in the SC Endeavors Registry](#).

Program's leadership creates an organizational profile for the program in the SC Endeavors Registry and verifies all employees within the profile. Click on the link above for instructions to complete this step.

Step 2 Complete your Career Ladder application to earn your [Career Ladder Placement](#).

Click the link above to access a how-to guide. **Please note: you will be required to upload evidence of your education, which may include your high school diploma and unofficial college transcripts.**

Step 3 [Obtain your SCEIS Vendor Number](#).

You must have a SCEIS Vendor Number to receive a payment from the state. Click the link above to access the SCEIS portal to register for a vendor number. A how-to guide for using the SCEIS portal can be found [here](#). Make sure to keep your SCEIS Vendor Number in a safe place.

Step 4 [Sign Up for ACH/Direct Deposit](#) following obtaining your SCEIS vendor number.

- Once logged in to the Vendor Registration Portal, click on the [Sign up for ACH Payments](#) link to begin the ACH enrollment process.
- Complete the ACH enrollment screens in their entirety and provide the preferred bank account and routing numbers.
- You will receive an immediate onscreen notification as to whether your bank account number has been validated.
- **If you do not sign up for direct deposit a check with the award is mailed to the address on file with SCEIS.**

Step 5 [Apply for your Career Ladder Bonus in the DSS Provider Portal](#).

Complete all 6 sections of the application before submitting. Make sure to complete your application in one sitting, because your information cannot be saved. You will need your SCEIS vendor number, SC Endeavors

6 Click the "Continue" button.

Welcome!

Thank you for taking the time to register your business with the South Carolina State Government Procurement System! The process consists of 9 basic steps, some of which are optional. You may want to review and have 'at hand' the data elements listed below before starting the process.

- **Step 1** - Your company's name and tax identification number. For individuals, this is your social security number (SSN). For other entities, it is your employer identification number (EIN). The Name/TIN combination should match U.S. Internal Revenue Service records
- **Step 2** - The name, phone, and email address of the person responsible for maintaining this profile
- **Step 3** - The company's primary contact information such as phone and fax. If available, the URL of your company's Home Page.
- **Step 4** - Your company's mailing address
- **Step 5** - If applicable, an alternate 'order from' or 'remit to' address
- **Step 6** - If your company is capable of supporting emergency procurements, you have the option of supplying emergency contact information.
- **Step 7** - Pick from our database of possible goods/service categories that your company would be able to supply to the state government.
- **Step 8** - Additional or secondary company contacts (name, job function, phone, email address)
- **Step 9** - Any additional text you would like to provide to describe your business

Please remember that if you close your browser or leave the registration application before clicking the **Finish** button in Step 9, you'll have to start the process over from the beginning. Use the buttons provided at the **bottom** of each step to navigate through the process...your browser's 'Back' button will not transmit your data to our server.

[Click here to view the help document](#)

Help Desk: (803) 896-0001

Sincerely,

The South Carolina State Government Procurement staff

[Cancel](#)

[Privacy Notice](#)

[Continue](#)

Under Legal Name, complete Name Line 1. Under Tax identification Number, fill in your Social Security number.

SCEIS The South Carolina Enterprise Information System

Vendor Registration - Identification

Legal Name (as shown on your income tax return)

Please enter your **Legal Name** as shown on your federal tax forms. If you are a sole proprietor or LLC single owner, please enter the owner's name.

* Name Line 1:

Name Line 2:

Business Name, if different from above

Name Line 1:

Name Line 2:

Tax Identification Number

* Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). For other entities, it is your employer identification number (EIN). To avoid delay in any future business transactions with the S.C. State Government, the TIN and the values given in the "Name Line 1" and "Name Line 2" fields (**legal name**) must match U.S. Internal Revenue Service records.

Social Security Number:

Employer Identification Number:

* Check appropriate box: ☐ Individual/Sole proprietor ☐ Corporation or LLC Corporation

☐ Partnership or LLC Partnership ☐ Other:

Check if exempt from backup withholding: ☐

* Select the option that best describes your type of business or industry sector:

--Select-- v

Check only 1 box - "Individual/Sole Proprietor".

SCEIS The South Carolina Enterprise Information System

Vendor Registration - Identification

Legal Name (as shown on your income tax return)

Please enter your **Legal Name** as shown on your federal tax forms. If you are a sole proprietor or LLC single owner, please enter the owner's name.

* Name Line 1:

Name Line 2:

Business Name, if different from above

Name Line 1:


Name Line 2:

Tax Identification Number

* Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). For other entities, it is your employer identification number (EIN). To avoid delay in any future business transactions with the S.C. State Government, the TIN and the values given in the "Name Line 1" and "Name Line 2" fields (**legal name**) must match U.S. Internal Revenue Service records.

Social Security Number:

Employer Identification Number:

* Check appropriate box:  ☒ Individual/Sole proprietor ☐ Corporation or LLC Corporation

☐ Partnership or LLC Partnership ☐ Other:

Check if exempt from backup withholding: ☐

* Select the option that best describes your type of business or industry sector:

--Select-- v

9 Click this dropdown, and select "Other Services (except Public Administration)"

Legal Name (as shown on your income tax return)
Please enter your **Legal Name** as shown on your federal tax forms. If you are a sole proprietor or LLC single owner, please enter the owner's name.

* Name Line 1:
Name Line 2:

Business Name, if different from above

Name Line 1:
Name Line 2:

Tax Identification Number
* Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). For other entities, it is your employer identification number (EIN). To avoid delay in any future business transactions with the S.C. State Government, the TIN and the values given in the "Name Line 1" and "Name Line 2" fields (**legal name**) must match U.S. Internal Revenue Service records.

* Check appropriate box:
☐ Partnership or LLC Partnership
☐ Other:

* Select the option that best describes your type of business or industry sector:
Other Services (except Public Administration)

Step 1 of 9 [Previous Step](#) [Cancel](#) [Next Step](#) [Privacy Notice](#)

10 You have filled out everything you need to on this page now. Click "Next Step."

Legal Name (as shown on your income tax return)
Please enter your **Legal Name** as shown on your federal tax forms. If you are a sole proprietor or LLC single owner, please enter the owner's name.

* Name Line 1:
Name Line 2:

Business Name, if different from above

Name Line 1:
Name Line 2:

Tax Identification Number
* Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). For other entities, it is your employer identification number (EIN). To avoid delay in any future business transactions with the S.C. State Government, the TIN and the values given in the "Name Line 1" and "Name Line 2" fields (**legal name**) must match U.S. Internal Revenue Service records.

Social Security Number:
Employer Identification Number:

* Check appropriate box:
☒ Individual/Sole proprietor
☐ Corporation or LLC Corporation
☐ Partnership or LLC Partnership
☐ Other:

Check if exempt from backup withholding: ☐

* Select the option that best describes your type of business or industry sector:
Other Services (except Public Administration)

Step 1 of 9 [Previous Step](#) [Cancel](#) [Next Step](#) [Privacy Notice](#)

11

Complete the following fields using YOUR information, not your facility information: First Name, Last Name.

SCEIS The South Carolina Enterprise Information System

Vendor Registration - Company Contact

Primary Company Contact

Please provide the contact information of the person within your organization who will be responsible for maintaining this profile. Registration acceptance information will be emailed to the address supplied below, so be sure to type a valid E-mail Address.

* First Name:

* Last Name:

* Telephone Number:

Extension:

* E-Mail Address:

* Requested User Name:

Requested User Name must have the prefix "VN " and may consist of a-z, 0-9, underscores and a single dot ().

* Temporary Password:

- Minimum 8 characters in length
- Of those 8 characters, 6 of them must be letters
- Must contain at least 1 upper, 1 lower, 1 number, and 1 special character
- First three characters must all be different
- Password cannot be the same as the user name

* Re-type Temporary Password:

Please make note of this password. You will need it for your initial login. You have 3 days to reset your temporary password. Otherwise, it will expire and will require a reset.

12

Complete the following fields using YOUR information, not your facility information: Telephone Number.

SCEIS The South Carolina Enterprise Information System

Vendor Registration - Company Contact

Primary Company Contact

Please provide the contact information of the person within your organization who will be responsible for maintaining this profile. Registration acceptance information will be emailed to the address supplied below, so be sure to type a valid E-mail Address.

* First Name:

* Last Name:

* Telephone Number:

Extension:

* E-Mail Address:

* Requested User Name:

Requested User Name must have the prefix "VN " and may consist of a-z, 0-9, underscores and a single dot ().

* Temporary Password:

- Minimum 8 characters in length
- Of those 8 characters, 6 of them must be letters
- Must contain at least 1 upper, 1 lower, 1 number, and 1 special character
- First three characters must all be different
- Password cannot be the same as the user name

* Re-type Temporary Password:

Please make note of this password. You will need it for your initial login. You have 3 days to reset your temporary password. Otherwise, it will expire and will require a reset.

13

Complete the following fields using YOUR information, not your facility information: Email Address.

SCEIS The South Carolina Enterprise Information System
Vendor Registration - Company Contact

Primary Company Contact

Please provide the contact information of the person within your organization who will be responsible for maintaining this profile. Registration acceptance information will be emailed to the address supplied below, so be sure to type a valid E-mail Address.

* First Name:

* Last Name:

* Telephone Number: Extension:

* E-Mail Address:

* Requested User Name:

Requested User Name must have the prefix "VN " and may consist of a-z, 0-9, underscores and a single dot ().

* Temporary Password:

- Minimum 8 characters in length
- Of those 8 characters, 6 of them must be letters
- Must contain at least 1 upper, 1 lower, 1 number, and 1 special character
- First three characters must all be different
- Password cannot be the same as the user name

* Re-type Temporary Password:

Please make note of this password. You will need it for your initial login. You have 3 days to reset your temporary password. Otherwise, it will expire and will require a reset.

14

Requested User Name. This needs to start with VN. For example, you could pick VN.FirstNameLastName as your user name. If the system tells you that user name is already taken, then add in a middle initial or something else easy for you to remember.

SCEIS The South Carolina Enterprise Information System
Vendor Registration - Company Contact

Primary Company Contact

Please provide the contact information of the person within your organization who will be responsible for maintaining this profile. Registration acceptance information will be emailed to the address supplied below, so be sure to type a valid E-mail Address.

* First Name:

* Last Name:

* Telephone Number: Extension:

* E-Mail Address:

* Requested User Name:

Requested User Name must have the prefix "VN " and may consist of a-z, 0-9, underscores and a single dot ().

* Temporary Password:

- Minimum 8 characters in length
- Of those 8 characters, 6 of them must be letters
- Must contain at least 1 upper, 1 lower, 1 number, and 1 special character
- First three characters must all be different
- Password cannot be the same as the user name

* Re-type Temporary Password:

Please make note of this password. You will need it for your initial login. You have 3 days to reset your temporary password. Otherwise, it will expire and will require a reset.

15

Click this password field. To avoid having to try different passwords until the system accepts one, I recommend the following: a 6 letter word with the first letter capitalized, then a number and an exclamation point. Example: Smiles3! Do not put any part of your User Name in the password. A password formatted this way meets all the requirements.

SCEIS The South Carolina Enterprise Information System Vendor Registration - Company Contact

Primary Company Contact

Please provide the contact information of the person within your organization who will be responsible for maintaining this profile. Registration acceptance information will be emailed to the address supplied below, so be sure to type a valid E-mail Address.

* First Name:

* Last Name:

* Telephone Number: Extension:

* E-Mail Address:

* Requested User Name:

Requested User Name must have the prefix "VN " and may consist of a-z, 0-9, underscores and a single dot ().

* Temporary Password:

- Minimum 8 characters in length
- Of those 8 characters, 6 of them must be letters
- Must contain at least 1 upper, 1 lower, 1 number, and 1 special character
- First three characters must all be different
- Password cannot be the same as the user name

* Re-type Temporary Password:

Please make note of this password. You will need it for your initial login. You have 3 days to reset your temporary password. Otherwise, it will expire and will require a reset.

16 Click this password field. Retype your chosen password.

SCEIS The South Carolina Enterprise Information System
Vendor Registration - Company Contact

Primary Company Contact

Please provide the contact information of the person within your organization who will be responsible for maintaining this profile. Registration acceptance information will be emailed to the address supplied below, so be sure to type a valid E-mail Address.

* First Name:

* Last Name:

* Telephone Number: Extension:

* E-Mail Address:

* Requested User Name:

Requested User Name must have the prefix "VN " and may consist of a-z, 0-9, underscores and a single dot ().

* Temporary Password:

- Minimum 8 characters in length
- Of those 8 characters, 6 of them must be letters
- Must contain at least 1 upper, 1 lower, 1 number, and 1 special character
- First three characters must all be different
- Password cannot be the same as the user name

* Re-type Temporary Password:

Please make note of this password. You will need it for your initial login. You have 3 days to reset your temporary password. Otherwise, it will expire and will require a reset.

17 Click "Next Step."

Please provide the contact information of the person within your organization who will be responsible for maintaining this profile. Registration acceptance information will be emailed to the address supplied below, so be sure to type a valid E-mail Address.

* First Name:

* Last Name:

* Telephone Number: Extension:

* E-Mail Address:

* Requested User Name:

Requested User Name must have the prefix "VN " and may consist of a-z, 0-9, underscores and a single dot ().

* Temporary Password:

- Minimum 8 characters in length
- Of those 8 characters, 6 of them must be letters
- Must contain at least 1 upper, 1 lower, 1 number, and 1 special character
- First three characters must all be different
- Password cannot be the same as the user name

* Re-type Temporary Password:

Please make note of this password. You will need it for your initial login. You have 3 days to reset your temporary password. Otherwise, it will expire and will require a reset.

Step 2 of 9 [Previous Step](#) [Cancel](#) **[Next Step](#)** [Privacy Notice](#)

18

Under Office Telephone, put YOUR phone number, not a work phone number. Don't fill out any other part of this page.

SCEIS The South Carolina Enterprise Information System
Vendor Registration - Communication Profile

Office Communication

* Office Telephone: Extension:

Office Fax: Extension:

General Office E-Mail:

URL (Homepage):

URL (other):

Note:

19

You have filled out everything you need to on this page now. Click "Next Step."

Vendor Registration - Communication Profile

Office Communication

* Office Telephone: Extension:

Office Fax: Extension:

General Office E-Mail:

URL (Homepage):

URL (other):

Note:

Step 3 of 9 [Privacy Notice](#)

20 Fill in the following fields: House number

SCEIS The South Carolina Enterprise Information System
Vendor Registration - Mailing Address

Please supply a Street Address or a PO Box for: First Last

House Number: (for example: 10263) [Show Additional Address Lines](#)

Street Name: (for example: Main St)

PO Box: (for example: 349)
Only enter the **PO Box** number in this field (do not enter the text "PO Box"). The text "PO Box" is provided by our system when the address is printed.

PO Box Postal Code: (if different than *Street Address Postal Code* entered below)

* City:

* Country:

State/Province:

* Postal Code:

Can requests for your company's goods/services be mailed to this address? ☐ Can payments? ☐ Neither? ☐

21 Fill in the following fields: Street Name

Please supply a Street Address or a PO Box for: First Last

House Number: (for example: 10263) [Show Additional Address Lines](#)

Street Name: (for example: Main St)

PO Box: (for example: 349)
Only enter the **PO Box** number in this field (do not enter the text "PO Box"). The text "PO Box" is provided by our system when the address is printed.

PO Box Postal Code: (if different than *Street Address Postal Code* entered below)

* City:

* Country:

State/Province:

* Postal Code:

Can requests for your company's goods/services be mailed to this address? ☐ Can payments? ☐ Neither? ☐


22 Fill in the following fields: City

SCEIS The South Carolina Enterprise Information System
Vendor Registration - Mailing Address

Please supply a Street Address or a PO Box for: First Last

House Number: (for example: 10263) [Show Additional Address Lines](#)
Street Name: (for example: Main St)

PO Box: (for example: 349)
Only enter the **PO Box** number in this field (do not enter the text "PO Box"). The text "PO Box" is provided by our system when the address is printed.
PO Box Postal Code: (if different than Street Address Postal Code entered below)

* City: 
* Country:
State/Province:
* Postal Code:

Can requests for your company's goods/services be mailed to this address? ☐ Can payments? ☐ Neither? ☐


23 Fill in the following fields: Postal Code (zip code)

SCEIS The South Carolina Enterprise Information System
Vendor Registration - Mailing Address

Please supply a Street Address or a PO Box for: First Last

House Number: (for example: 10263) [Show Additional Address Lines](#)
Street Name: (for example: Main St)

PO Box: (for example: 349)
Only enter the **PO Box** number in this field (do not enter the text "PO Box"). The text "PO Box" is provided by our system when the address is printed.
PO Box Postal Code: (if different than Street Address Postal Code entered below)

* City:
* Country:
State/Province:
* Postal Code: 

Can requests for your company's goods/services be mailed to this address? ☐ Can payments? ☐ Neither? ☐

24

Check the box next to "Can requests for your company's goods/services be mailed to this address?"

SCEIS The South Carolina Enterprise Information System
Vendor Registration - Mailing Address

Please supply a Street Address or a PO Box for: First Last

House Number: (for example: 10263) [Show Additional Address Lines](#)
Street Name: (for example: Main St)

PO Box: (for example: 349)
Only enter the **PO Box** number in this field (do not enter the text "PO Box"). The text "PO Box" is provided by our system when the address is printed.

PO Box Postal Code: (if different than Street Address Postal Code entered below)

*City:
*Country:
State/Province:
*Postal Code:

Can requests for your company's goods/services be mailed to this address? ☐ Can payments? ☐ Neither? ☐

25

Check the box next to "Can payments?"

SCEIS The South Carolina Enterprise Information System
Vendor Registration - Mailing Address

Please supply a Street Address or a PO Box for: First Last

House Number: (for example: 10263) [Show Additional Address Lines](#)
Street Name: (for example: Main St)

PO Box: (for example: 349)
Only enter the **PO Box** number in this field (do not enter the text "PO Box"). The text "PO Box" is provided by our system when the address is printed.

PO Box Postal Code: (if different than Street Address Postal Code entered below)

*City:
*Country:
State/Province:
*Postal Code:

Can requests for your company's goods/services be mailed to this address? ☒ Can payments? ☐ Neither? ☐

26 You have filled out everything you need to on this page now. Click "Next Step."

Please supply a Street Address or a PO Box for: First Last

House Number: 225 (for example: 10263) [Show Additional Address Lines](#)
Street Name: S Pleasantburg Dr (for example: Main St)

PO Box: (for example: 349)
Only enter the **PO Box** number in this field (do not enter the text "PO Box"). The text "PO Box" is provided by our system when the address is printed.

PO Box Postal Code: (if different than Street Address Postal Code entered below)

* City: Greenville
* Country: USA
State/Province: South Carolina
* Postal Code: 29607

Can requests for your company's goods/services be mailed to this address? ☒ Can payments? ☒ Neither? ☐

Step 4 of 9 [Previous Step](#) [Cancel](#) [Next Step](#) [Privacy Notice](#)

27 You do NOT need to fill anything out on this page. Click "Next Step."

Vendor Registration: Alternate Address

[Click here if you wish to](#) enter an optional alternate mailing address for First Last

Step 5 of 9 [Previous Step](#) [Cancel](#) [Next Step](#) [Privacy Notice](#)

28 You do NOT need to fill anything out on this page. Click "Next Step."

South Carolina Emergency Preparedness

The South Carolina State Government has taken steps to enable effective preparation for, and efficient response to, emergencies and disasters in order to save lives, reduce human suffering and reduce property loss. If your company is interested in providing commodities/services on an emergency basis, please provide an emergency contact name and phone number below...

First Name:

Last Name:

Emergency Phone: Extension:
Format for U.S.: (000) 000-0000

Alternate Emergency Phone: Extension:
Format for U.S.: (000) 000-0000

Emergency E-Mail:

Step 6 of 9 [Previous Step](#) [Cancel](#) **Next Step** [Privacy Notice](#)

29 Click the "Search for commodities/services containing this keyword" field. Type child care and click "Submit Search"

SCEIS The South Carolina Enterprise Information System
Vendor Registration - Company as a Procurement Source

Please select the goods/services that your company may be able to supply to state government agencies, educational institutions, and local government corporations within South Carolina. You can narrow the list of selections by entering a keyword to search by or by selecting an industry classification from the available drop-down list. Select the goods and services you can provide by clicking the checkboxes. For more detailed commodity/service descriptions, expand a commodity class in the search results by clicking the plus sign (+). Click the **Selected** tab to list your current selections.

Because of technical constraints, registering for a specific good or service does not guarantee you will receive notification of the State's intent to buy the good or service. This information is only meant to serve as a tool for state buyers when searching for sources of supply.

Search **Selected**

Search for commodities/services containing this keyword: **Submit Search** **New Search**

Filter commodities/services to industry-specific listing by selecting from drop-down and then clicking **Submit Search**:

<All Industries>

30 Click "Submit Search"

SCEIS The South Carolina Enterprise Information System
Vendor Registration - Company as a Procurement Source


Please select the goods/services that your company may be able to supply to state government agencies, educational institutions, and local government corporations within South Carolina. You can narrow the list of selections by entering a keyword to search by or by selecting an industry classification from the available drop-down list. Select the goods and services you can provide by clicking the checkboxes. For more detailed commodity/service descriptions, expand a commodity class in the search results by clicking the plus sign (+). Click the **Selected** tab to list your current selections.

Because of technical constraints, registering for a specific good or service does not guarantee you will receive notification of the State's intent to buy the good or service. This information is only meant to serve as a tool for state buyers when searching for sources of supply.

Search **Selected**

Search for commodities/services containing this keyword: **Submit Search** **New Search**

Filter commodities/services to industry-specific listing by selecting from drop-down and then clicking **Submit Search**:



31 Click this checkbox next to "child care services (incl the food program)".

SCEIS The South Carolina Enterprise Information System
Vendor Registration - Company as a Procurement Source

Please select the goods/services that your company may be able to supply to state government agencies, educational institutions, and local government corporations within South Carolina. You can narrow the list of selections by entering a keyword to search by or by selecting an industry classification from the available drop-down list. Select the goods and services you can provide by clicking the checkboxes. For more detailed commodity/service descriptions, expand a commodity class in the search results by clicking the plus sign (+). Click the **Selected** tab to list your current selections.

Because of technical constraints, registering for a specific good or service does not guarantee you will receive notification of the State's intent to buy the good or service. This information is only meant to serve as a tool for state buyers when searching for sources of supply.


Search **Selected**

Search for commodities/services containing this keyword: **Submit Search** **New Search**

Filter commodities/services to industry-specific listing by selecting from drop-down and then clicking **Submit Search**:

2 Products found, displaying all Products.

<input type="checkbox"/>	child care center management and operation services
<input type="checkbox"/>	child care services (incl. the food program)



32 You have filled out everything you need to on this page now. Click "Next Step."

Vendor Registration - Company as a Procurement Source

Please select the goods/services that your company may be able to supply to state government agencies, educational institutions, and local government corporations within South Carolina. You can narrow the list of selections by entering a keyword to search by or by selecting an industry classification from the available drop-down list. Select the goods and services you can provide by clicking the checkboxes. For more detailed commodity/service descriptions, expand a commodity class in the search results by clicking the plus sign (+). Click the **Selected** tab to list your current selections.

Because of technical constraints, registering for a specific good or service does not guarantee you will receive notification of the State's intent to buy the good or service. This information is only meant to serve as a tool for state buyers when searching for sources of supply.

Search **Selected**

Search for commodities/services containing this keyword: **Submit Search** **New Search**

Filter commodities/services to industry-specific listing by selecting from drop-down and then clicking **Submit Search**:

<All Industries>

2 Products found, displaying all Products.

- ☐ child care center management and operation services
- ☒ child care services (incl. the food program)

Step 7 of 9 [Previous Step](#) [Cancel](#) **Next Step** [Privacy Notice](#)

33 You do NOT need to fill anything out on this page. Click "Next Step."

Additional or Secondary Company Contacts

First Name:

Last Name:

Function:

Phone Number: Extension:

E-Mail:

First Name:

Last Name:

Function:

Phone Number: Extension:

E-Mail:

First Name:

Last Name:

Function:

Phone Number: Extension:

E-Mail:

Step 8 of 9 [Previous Step](#) [Cancel](#) **Next Step** [Privacy Notice](#)

34 You do NOT need to fill anything out on this page. Click "Finish."

Special Instructions to the Administrator

If you would like to pass any instructions or comments to our vendor administrator, please enter them in the space provided. If you or your company are already on our file, please include the current Vendor Number so that a duplicate record is not created ([click here](#) to open a 'database search' in a separate window). If you are on file, please also describe the type of update(s) that may be reflected in the information that you are submitting.

If you are a U.S. entity, U.S. citizen, or resident(certification number 4 of the W-9 does not apply):

By Clicking the Finish Button, under penalties of perjury, I certify that:

1. The number provided in this registration is my correct taxpayer identification number (or I am waiting for a number to be issued to me) AND
2. 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
3. I am a U.S. citizen or U.S person

If you are NOT a U.S. entity, U.S. citizen, or resident:
You may click finish, but you will need to email the Comptroller Generals Office at CGVENDORGROUP@cg.sc.gov to complete your vendor registration process. Please include contact name, phone number and Form W-8BEN-E.

Warning: Once your registration has been submitted, you will not be able to update the information until the registration information has been processed by our administrator. Just click the **Previous Step** button if you would like to review any of the information entered in the previous steps.

Click the **Finish** button to submit your registration.

Step 9 of 9

[Previous Step](#)

[Cancel](#)

[Finish](#)

[Privacy Notice](#)

35 You have successfully applied for your SCEIS Vendor Number. You will receive your SCEIS Vendor Number by email, typically in 1-10 days. To log into SCEIS again later, copy and paste this link into your browser <https://webprod.cio.sc.gov/SCVendorWeb/mainFrame.do>

Thank you!

Thank you for registering your business with the South Carolina State Government Procurement System! We look forward to doing business with your company.

Your new User Name is: *VN.Helpful*

A notification will be emailed to you once your application has been processed. After receiving notification, you will be able to log back into the system and modify your company's profile.

If you are a minority-owned business, please visit the website of the Division of the Small and Minority Business Contracting and Certification (SMBCC). The goals of SMBCC are to promote the growth and development of small and minority owned businesses in South Carolina and to advocate that an equitable portion of State procurement contracts be awarded to small and minority owned businesses.

[SMBCC Home Page](#)

You do not need to do anything regarding a W-9 when registering. We do not need to collect a signed W-9 unless there is a problem with federal reporting. You can [click here](#) if you'd like to keep a copy (using your business information as it is stored in our system) for your records. You must have [Adobe Reader](#) installed to view this form.

Sincerely,
The South Carolina State Government Procurement staff

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