

How to Complete Rumpke's Supplier Registration Questionnaire in SAP Ariba



Please follow these instructions to complete the supplier registration in Rumpke's online vendor portal – SAP Ariba. If you have questions, please contact purchasing@rumpke.com.

1. First, you login to your Ariba dashboard on the Ariba Spend Management page, which should look like the image below. Once there, please click on the "Supplier Registration Questionnaire" link in the **Registration Questionnaires** section.

Welcome to the **Ariba Spend Management** site. This site assists in identifying world class suppliers who are market leaders in quality, service, and cost. Ariba, Inc. administers this site in an effort to ensure market integrity.

[Home](#)

Events

Title	ID	End Time ↓	Event Type	Participated
No items				

Registration Questionnaires

Title	ID	End Time ↓	Status
▼ Status: Open (1)			
Supplier Registration Questionnaire	Doc1779545966	11/21/2025 12:48 PM	Invited

Qualification Questionnaires

Title	ID	End Time ↓	Commodity	Regions	Status
No items					

2. Supplier Registration Questionnaire will appear. Please validate and fill in all mandatory (*) information.

All Content

Name ↑

1 General Supplier Information

1.1 Supplier Name/ Legal Name (*)

1.2 Supplier DBA Name

1.3 Remittance address

Street: ⓘ

Street 2:

Postal Code: ⓘ City: ⓘ

Country/Region: ⓘ State/Province/Region: ⓘ

1.4 Main Contact First Name (*)

1.5 Main Contact Last Name (*)

1.6 Main Contact Email (*)

1.7 Main Contact Phone Number (*)

1.8 Extension Number

1.9 General Contact Email

1.10 Contact Email for Accounts Receivable

1.11 Contact Phone Number for Accounts Receivable

2 Vendor Type

2.1 Type of Vendor (*)

2.2 Description of goods and services (*)

2.3 Will Work will be completed on Rumpke's Property (*)

2.4 DOT Number (Required for Haulers)

2.5 Type of ownership	☐ Disabled Business ☐ Women Owned Business ☐ Minority Owned Business ☐ Disadvantaged Business ☐ Handicap Veteran Owned Business ☐ Small Business ☐ Veteran Owned Business ☐ Not Applicable
2.6 Category/Commodity	☒ All Commodities, On street food vendors [select]

3. In section 3.4 you need to attach your W-9 documentation. To attach W-9 click on “Attach a File”. Then, click on “Choose File” and attach from your computer.

3 Tax Information	
3.1 Are you an Individual/Sole Proprietor or an Organization? Note: Only select US Individual/Sole Proprietor IF you are using a Social Security Number (SSN) as your Business Tax Number. If you are a US company and have a tax ID number (FEIN, not SSN) then select US Organization	☒ US Individual/Sole Proprietor ☐ US Organization
3.4 Please attach official supporting documentation that supports the tax information provided(Upload official documentation (W9/W8/W8-BENE etc.)"	☒ Attach a file ☐ Attach a link
4 Payment terms PLEASE NOTE THAT RUMPKE'S STANDARD PAYEMNT IS NET 60	

Add Attachment

Enter the location of a file to add as an **Attachment**. To search for a particular file, click **Browse...** When you have finished, click **OK** to add the attachment.

Attachment: No file chosen
 Or drop file here

4. When complete, you will see the file name attached. Click “OK” to continue.

Enter the location of a file to add as an **Attachment**. To search for a particular file, click **Browse...** When you have finished, click **OK** to add the attachment.

Attachment: Create new ...request.docx
 Or drop file here

5. Section 5 asks you to choose your payment method. If you select “Check”, move to the next step. If you select ACH, please click “Add Bank Information” and input the following:

5 Payment Method	☒ CHECK ☐ ACH
8 Signed Terms and Condition	
8.1 IF EXCEPTIONS APPLY, PLEASE COMPLETE THIS SECTION:I have read, fully understand and agree to the contents of Rumpke's	☒ CHECK ☐ ACH

[All Content](#) > [6 Bank Information](#)

Bank Information (0)

Name ↑
No items

[Add Bank Information](#)

Bank Information (1)	
Name ↑	
▼ Bank Information #1 Bank account information (Only Domestic Banks Accepted) ⓘ	Delete Bank Type: No Choice ▼ Country/Region: (no value) ▼ Bank Name: Bank Branch: Street: City: State/Province/Region: Postal Code:
Account Holder Name: SWIFT Code: Bank Control Key: No Choice ▼	
Please attach a bank reference or bank statement from the nominated bank account ★ Attach a file	

6. Attach a bank reference or bank statement from the bank you choose to utilize. Click “OK” to continue.

Add Attachment

Enter the location of a file to add as an **Attachment**. To search for a particular file, click **Browse...** When you have finished, click **OK** to add the attachment.

Attachment: No file chosen

Or drop file here

7. Section 7 is the Contract Safety Agreement. If you are performing work on Rumpke property, please read the **Rumpke Contractor Safety Agreement** and fill in Name, Position and Date.

Please note: if ‘No’ is selected from the Safety Agreement and Signed Terms and Conditions, Rumpke may deny your registration.

7 Contract Safety Agreement	
7.1 IF EXCEPTIONS APPLY, PLEASE COMPLETE THIS SECTION: I have read, fully understand and agree to the contents of Rumpke's Terms and Conditions document with the following exceptions: ⓘ References ▼	★ Unspecified ▼
7.2 Name	★ Unspecified
7.3 Position	★ Yes
7.4 Date	★ No
Accepted with condition	

Reference Documents

Rumpke Contractor Safety Agreement..pdf

Download all attachments

8. Please read the Terms and Conditions, then input Name, Position and Date.

8.1 IF EXCEPTIONS APPLY, PLEASE COMPLETE THIS SECTION: I have read, fully understand and agree to the contents of Rumpke's Terms and Conditions document with the following exceptions: References	Unspecified Unspecified Yes No Accepted with condition
8.2 Name	Reference Documents Rumpke Terms and Conditions.pdf Download all attachments
8.3 Position	
8.4 Date	

8.1 IF EXCEPTIONS APPLY, PLEASE COMPLETE THIS SECTION: I have read, fully understand and agree to the contents of Rumpke's Terms and Conditions document with the following exceptions: References	Unspecified
8.2 Name	Holly Jolly
8.3 Position	Head Elf
8.4 Date	Wed, 22 Oct, 2025

9. Once you have completed all of the sections and steps, hit **Submit Entire Response**. Then click "OK" to continue.

Submit Entire Response

Save draft

Compose Message

Excel Import

✓ Submit this response?

Click OK to submit.

OK

Cancel

✓ Your response has been submitted. Thank you for participating in the event.

10. Click on the back arrow to return to the Rumpke SAP Ariba dashboard, where you will see the status of your questionnaire listed as "Pending Approval".

Events

Title	ID	End Time	Event Type	Participated
No Items				

Registration Questionnaires

Title	ID	End Time	Commodity	Regions	Status
▼ Status: Completed (1)					
Supplier Registration Questionnaire	Doc1779545966	10/22/2025 4:16 PM	All Commodities All, On street food vendors 90...	(no value)	Pending Approval

Qualification Questionnaires

Title	ID	End Time	Commodity	Regions	Status
No Items					

Questionnaires

Title	ID	End Time	Commodity	Regions	Status
No Items					

11. Before leaving the site, please check for any additional questionnaires. If applicable, questionnaires will appear. The **Certificate of Insurance and Workers' Compensation** questionnaire is now available.

Events

Title	ID	End Time	Event Type	Participated
No Items				

Registration Questionnaires

Title	ID	End Time	Commodity	Regions	Status
▼ Status: Completed (1)					
Supplier Registration Questionnaire	Doc1779545966	10/22/2025 4:16 PM	All Commodities All, On street food vendors 90...	(no value)	Pending Approval

Qualification Questionnaires

Title	ID	End Time	Commodity	Regions	Status
No Items					

Questionnaires

Title	ID	End Time	Commodity	Regions	Status
▼ Status: Open (1)					
Certificate of Insurance and Workers' Compensation	Doc1779496566	11/21/2025 3:24 PM	(no value)	(no value)	Not Responded

Certificates

Certificate Info	Effective	Expiration	Attachment	Questionnaire	Status
No Items					

12. Complete the Certificate of Insurance and Workers' Compensation questionnaire. Attach all mandatory documents and information.

All Content

Name ↑

1 Certificate of Insurance

Less...

Customers Certificate of Insurance

1.1 Expiration Date

*

1.2 Attachment

* Attach a file

1.3 Description

2 Workers Compensation

Less...

Customers Worker's Compensation Certificate

2.1 Expiration Date

*

2.2 Attachment

* Attach a file

2.3 Description

13. Complete the Cyber Security Certificate or Professional Liability certificate. Attach all mandatory documents and information. Click **Submit Entire Response** when complete.

All Content

Name ↑

1 Kindly choose the certificate that applies to you

* Unspecified

▼

(*) indicates a required field

Submit Entire Response

Save draft

Compose Message

Excel Import

Unspecified
Cyber Security Certificate
Professional Liability Certificates

All Content

Name ↑

1 Kindly choose the certificate that applies to you

* Cyber Security Certificate

▼

2 Cyber Security Certificate

Less...

Cyber Security Certificate

2.1 Expiration Date

*

2.2 Attachment

* Attach a file

2.3 Description

All Content

Name ↑

1 Kindly choose the certificate that applies to you

* Professional Liability Certificates

▼

3 Professional Liability Certificates

Less...

Professional Liability Certificates

3.1 Expiration Date

*

3.2 Attachment

* Attach a file

3.3 Description

*

(*) indicates a required field

Submit Entire Response

Save draft

Compose Message

Excel Import