

City of Yonkers/Yonkers Public Schools One Larkin Center – 3rd Floor Yonkers, New York 10701 (914) 377-6030

CITY OF YONKERS/YONKERS PUBLIC SCHOOLS Purchasing

Mike Spano, Mayor Tom Collich, Director

Request for New Vendor Code	
Dear Vendor:	
In order for the City to issue your company a contract or purchase ordevendor code.	er, we must assign your company a new
The Internal Revenue Service (IRS) regulations require that the City has Number (TIN) for all individuals and businesses supplying the City wis complete (type or print) this form and the attached W-9 form and return PO Box Numbers are not acceptable as formal street addresses (only re-	th taxable goods and services. Please note,
After receiving this completed form via email, another representative fout to you to provide instructions on electronic payment options.	rom our Accounting office will reach
Person and/or Vendor Name: The Art of Education University, LLC	
D.B.A. Name: (If applicable)	
Address: 518 Main Street, Suite A Address line 2	:
City: Osage State: IA Zip: 504	61
Remit address (If different from above): (same)	
City:State:Zip: Vendor website:_https://theartofeducation.edu	
Telephone No. 515-650-3198 Fax N	
E-Mail: billing@theartofeducation.edu	
Industry: Education Receives a 1099 F	orm □ Yes ☒ No
Do you qualify as a 501C business for non profit: ☐ Yes ☒ No	
Are you a Law Firm? Yes No Is this a Rent Payer	ment? □ Yes 🖾 No
RETURN TO: Name: Vanessa Brembs	
E-mail: vanessa.brembs@yonkersny.gov	/
E: #225522 ·	