



City of Yonkers/Yonkers Public Schools  
 One Larkin Center – 3<sup>rd</sup> 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 order, we must assign your company a new vendor code.

Please complete (type or print) this form and return to this office via email. Please note, PO Box Numbers are not acceptable as formal street addresses (only remit) for tax purposes.

After receiving this completed form via email, another representative from our Accounting office will reach out to you to gather a W9 and ACH information (if applicable) via a secure portal.

Person and/or Vendor Name: \_\_\_\_\_

D.B.A. Name: (If applicable) \_\_\_\_\_

Address: \_\_\_\_\_ Address line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Remit address (If different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Vendor website: \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

E-Mail: \_\_\_\_\_

Industry: \_\_\_\_\_ Receives a 1099 Form  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 Payment?  Yes  No

**RETURN TO: Name:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_