

Great Neck Public Schools • Purchasing Department  
345 Lakeville Road • Great Neck, NY 11020

**VENDOR REQUEST FORM**

Date: \_\_\_\_\_

Vendor # \_\_\_\_\_

PLEASE **✓** IF THIS IS A CHANGE TO AN EXISTING VENDOR ALREADY IN WINCAP

Corporate Name _____
Corporate Address _____ _____
Tax I.D. # _____ Type of Business _____
Contact Person _____ Phone # _____
E-mail _____ Fax # _____
Please provide the e-mail address to which purchase orders should be sent: _____
<b><u>IF DIFFERENT FROM ABOVE:</u></b>
D.B.A. (Doing Business As) Name _____
D.B.A. (Doing Business As) Address: _____ _____
Phone# _____ email _____
Remit Name _____
Remit Address _____

\*\*\*\*ATTACH W9 AND PRINTED VERIFICATION OF BUSINESS ENTITY (e.g., Better Business Bureau, Yelp, etc.)\*\*\*\*

Reason for request \_\_\_\_\_

Requester Signature \_\_\_\_\_ Building \_\_\_\_\_