NYACK PUBLIC SCHOOLS
VENDOR INFORMATION FORM

To: **BUSINESS OFFICE**
FAX # 353-7087

REQUESTED BY: _____

SCHOOL/BUILDING: _____

TELEPHONE #: _____

☐ REQUEST FOR A NEW VENDOR NUMBER

☐ CHANGE OF ADDRESS VENDOR # _____

FULL VENDOR NAME: _____

STREET ADDRESS _____

CITY, STATE, ZIP _____

REMITTANCE ADDRESS
(if different than above)

TELEPHONE NUMBER _____

FAX NUMBER _____

E-MAIL ADDRESS _____

NAME OF CONTACT PERSON _____

Please have vendor complete a W-9 form for our file.

FEDERAL TAX ID NUMBER _____
OR
SOCIAL SECURITY NUMBER _____

DESCRIPTION OF SERVICES: _____

_____

_____ _____
Signature of Requestor Date Submitted

Note: It is the responsibility of the originator to identify the vendor information from current catalogs, telephone inquiries or internet sources. Please fax this completed form to the Business Office at 353-7087 prior to placing orders.

TO: _____

FROM: _____

NEW VENDOR #: _____