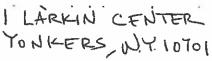
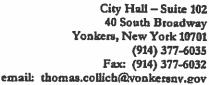
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CITY OF YONKERS Purchasing

Request for New Vendor Code

Mike Spano, Mayor Tom Collich, Director

Dear Vendor:	
In order for the City to issue your company a contract or purchase order, we must assign your company	a nev

In order for the City to issue your company a contract or purchase order, we must assign your company a new vendor code.

The Internal Revenue Service (IRS) regulations require that the City have on file a Taxpayer Identification Number (TIN) for all individuals and businesses supplying the City with taxable goods and services.

Please complete (type or print) this form and the attached W-9 form and return to this office via fax or email. Please note, PO Box Numbers are not acceptable as formal street addresses (only remit) for tax purposes.

Person and/or Vendor Name: Dr. Che	irles Bev	ington	
D.B.A. Name: (If applicable) 488 Bal	antic Hi	11 9	
Address: 31 Diana Rd	Address lir	ne 2:	
Address: 31 Diana Rd City: Rocky Point	State: <u> </u>	11778 County:_	Suffalk
Remit address (If different from above):			
City:	State:Zip:	County:	
Vendor website:	<u> </u>		
Contact Person	Ti	tle	
Telephone No.	Fa	x No	
Telephone No	nline · ne	<u>+</u>	 .
Company EIN: \ 3 - 646 04 7 3 8	Social Security No.	136-46-04	13
Industry:			
Do you qualify as a 501C business for non profit	:Yes /_ No.	S-Corporation	Yes <u>Y</u> No
Are you a Law Firm? Yes YNO Is the	•		V
EFT Vendors: Please provide Bank Name/Addre		•	The account name
must appear exactly as on bank statement.			
To be completed by Yonkers Accounts Payable:			
	Vendor Cod	le Entered By	Date

PLEASE RETURN VIA EMAIL OR FAX - ATTN: Tom Collich