



1 LARKIN CENTER
YONKERS, N.Y. 10701

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CITY OF YONKERS
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.

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. Charles Bevington

D.B.A. Name: (If applicable) 488 Balantic Hill

Address: 31 Diana Rd Address line 2: _____

City: Rocky Point State: N.Y. Zip: 11778 County: Suffolk

Remit address (If different from above): _____

City: _____ State: _____ Zip: _____ County: _____

Vendor website: _____

Contact Person _____ Title _____

Telephone No. _____ Fax No. _____

E-Mail: cbevingt@optonline.net

Company EIN: 13-6460473 Social Security No.: 136-46-0473

Industry: _____ Receives a 1099 Form Yes No

Do you qualify as a 501C business for non profit: Yes No S-Corporation Yes No

Are you a Law Firm? Yes No Is this a Rent Payment? Yes No

EFT Vendors: Please provide Bank Name/Address/Branch Routing Number/Account No—The account name must appear exactly as on bank statement.

To be completed by Yonkers Accounts Payable: _____
Vendor Code Entered By Date

PLEASE RETURN VIA EMAIL OR FAX - ATTN: Tom Collich