City of Yonkers/Yonkers Public Schools
One Larkin Center – 3rd Floor
Yonkers, New York 10701
(914) 377-6035
Fax: (914) 377-6032
email: thomas.collich@yonkersny.gov

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.

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: Ilene Friedman

D.B.A. Name: (If applicable) _____

Address: 200 West 79th St. Apt. 8L Address line 2: _____

City: New York State: NY Zip: 10024 County: _____

Remit address (If different from above): _____

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

Vendor website: NA

Contact Person Ilene Friedman Title _____

Telephone No. 917-647-0094 Fax No. _____

E-Mail: ifriedman2@gmail.com

Company EIN: __-_____ Social Security No.: ___-__-____

Industry: Education Receives a 1099 Form X Yes ___ No

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

Are you a Law Firm? ___ Yes X No Is this a Rent Payment? ___ Yes X 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 TO _____ **EMAIL** _____ **FAX** _____