



City of Yonkers/Yonkers Public Schools  
One Larkin Center – 3<sup>rd</sup> Floor  
Yonkers, New York 10701  
(914) 377-6030

**CITY OF YONKERS/YONKERS PUBLIC SCHOOLS**  
**Purchasing**

*Mike Spano, Mayor*  
*Victor Martinez, 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 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 email. If information is not applicable to your company, please write N/A in the field.

After receiving this completed form via email, another representative from our *Accounting* office will reach out to you to provide instructions on *electronic payment options*.

NAME OF ENTITY/INDIVIDUAL: QuaverEd, Inc.

BUSINESS NAME (IF DIFFERENT FROM ABOVE): \_\_\_\_\_

ADDRESS: 65 Music Square West

ADDRESS LINE 2: \_\_\_\_\_

CITY: Nashville STATE: TN ZIP: 37203

REMIT ADDRESS (FOR PAYMENTS): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

VENDOR WEBSITE: www.QuaverEd.com

CONTACT PERSON: Nathan Wesner

TITLE: Sales Director

TELEPHONE: 866-917-3633

FAX: 615-320-3274

E-MAIL: NathanWesner@QuaverEd.com

INDUSTRY: Educational Technology

**ADDITIONAL VENDOR QUESTIONS:**

- |  |                              |  |
|--|------------------------------|--|
| 1. Do you receive a 1099 Form based on you W9?       | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 2. Do you qualify as a 501C business for non-profit? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 3. Are you a Law Firm?                               | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 4. Is this a Rent Payment?                           | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 5. Are you a Healthcare Provider?                    | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |