

Dear Vendor:

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@yonkersnv.gov

CITY OF YONKERS/YONKERS PUBLIC SCHOOLS Purchasing

Request for New Vendor Code

Company EIN: 83-3009445

Industry: Educational Consulting

Mike Spano, Mayor Tom Collich, Director

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: Arch of Self LLC
D.B.A. Name: (If applicable)
Address: 501 West 1 auth street Address line 2: Surfe ~ 4E
City: New York State: NY Zip: 10027 County:
Remit address (If different from above):
City: State: Zip: County:
Vendor website:
Contact Person Dr. Yolanda Scalay-Ruz Title Sole Manager
Telephone No. 341-300-4699 Fax No.
E-Mail: Orchofself 11c@mail can

Are you a Law Firm? Yes No EFT Vendors: Please provide Bank Name/A	Is this a Rent Payment?Yes ddress/Branch Routing Number/Acc	
name must appear exactly as on bank statem		ts:
To be completed by Yonkers Accounts Paya		
	Vendor Code Ent	ered By Date
PLEASE RETURN VIA EMAIL OR FAX TO	EMAIL.	FAX

Social Security No.:

Receives a 1099 Form Yes

S-Corporation

No