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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: NEW YORK SAFETY AND TRAINING

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

Address: 6407 OCEAN AVE SOUTH Address line 2: _____

City: ALVERNE State: NY Zip: 11692 County: USA

Remit address (If different from above): _____

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

Vendor website: NYSAFETYANDTRAINING.COM

Contact Person MIKE O'DONNELL Title PRESIDENT

Telephone No. (718) 734-7768 Fax No. _____

E-Mail: MIKE@NYSAFETYANDTRAINING.COM

Company EIN: 47-1073764 Social Security No.: _____ - _____ - _____

Industry: SAFETY TRAINING 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