Accounts Payable
65 Niagara Square
Room 1219
Buffalo, NY 14202

VENDOR LIST APPLICATION

To: _____ **Date:** _____

Fax #: _____ **Pages:** _____

From: City of Buffalo

Re: VENDOR IDENTIFICATION INFORMATION

PLEASE REPLY TO THE ABOVE NAMED WHO MAY BE CONTACTED AT:

Phone: _____

Fax: _____

E-Mail: _____

IT IS NECESSARY TO CREATE/UPDATE YOUR **V**ENDOR **I**DENTIFICATION **N**UMBER (**VIN**) IN THE CITY OF BUFFALO'S DATABASE UTILIZED BY THE CITY OF BUFFALO, BUFFALO SEWER AUTHORITY, BUFFALO WATER BOARD AND BUFFALO WATER AUTHORITY.

THE CURRENT COMPANY LEGAL NAME & VIN # ON FILE WITH THE CITY OF BUFFALO IS **[CLICK & ENTER COMPANY NAME & ID# FROM MUNIS OR ENTER NOT APPLICABLE IF NEW VIN]**

PLEASE

- COMPLETE THE FOLLOWING TWO PAGES AND W9 FORM
- PROVIDE THE INFORMATION INDICATED AT THE TOP OF THE NEXT PAGE
- AND RETURN, VIA FACSIMILE OR E-MAIL TO THE INFORMATION INDICATED ABOVE.

PLEASE KEEP IN MIND WHEN PROVIDING THIS INFORMATION –THAT IT IS BEING ENTERED INTO THE CITY OF BUFFALO DATABASE AND USED BY MANY DIFFERENT DEPARTMENTS/AGENCIES WITHIN THE CITY. IF YOUR COMPANY HAS MORE THAN ONE LOCATION WHERE PURCHASE ORDERS ARE TO BE MAILED OR MORE THAN ONE REMIT ADDRESS, PLEASE BE SURE TO INCLUDE THEM.

- A **CURRENT W-9** ***(MUST BE DEC 2014 VERSION)*** form (or foreign equivalent) for your company indicating your legal business name,
- A list of any and all D/B/A's under your company utilizing the same Federal ID# for which the City of Buffalo or associated entities is currently doing business,
- Check one – Type of Application

☐ Individual ☐ Non-Profit Organization
☐ Partnership ☐ LLC Partnership
☐ Corporation, Incorporated under the Laws of the State of _____

Federal ID# (EIN) _____
Or
Social Security # _____

- **COMPANY WEBSITE: _____**
- Minority Business Classified as Follows:

☐ Black ☐ Hispanic
☐ Asian American ☐ American Indian
☐ Eskimo or Aleut ☐ Veterans
☐ Woman owned ☐ Disabled_____

Minority Certification:
Received Minority Certification From/Date:
_____

(Please attached all Minority Certifications to this application)
NOTE: Minority Certificates are required to be submitted annually to maintain certification.

- Identify Equipment, Services and or Materials you desire to make and offer:

_____

_____

I hereby certify that the information supplied herein is correct:

Print or Type Name: _____

Signature : _____

Date: _____

"OPT-IN" FOR ELECTRONIC PO DELIVERY

PLEASE NOTE - If your company wishes to "opt-in" to electronic e-mail delivery of purchase orders from the City of Buffalo and associated entities please check here and provide us with the appropriate e-mail address. Please ensure that the e-mail address provided will be accessible to anyone in your company in the event someone is "out of the office". It is important that purchase orders are handled in a timely manner when sent via e-mail as the vendor is responsible to adhere to the "Date Required".

☐ **NO – WE DO NOT WISH TO "OPT-IN" TO ELECTRONIC PO DELIVERY**

☐ **YES OUR COMPANY WOULD PREFER TO RECEIVE ALL PURCHASE ORDERS FROM THE CITY OF BUFFALO AND RELATED DEPARTMENTS VIA E-MAIL.**
FOR THIS INSTANCE – A PO ADDRESS MUST BE ENTERED ON THE PO – PLEASE ENTER THE E-MAIL ADDRESS WITH THE APPROPRIATE PURCHASE ORDER MAIL TO LOCATION(S).

PURCHASE ORDER MAIL TO LOCATION(S)

Provide **purchase order "mail to"** address and contact person–

MUST ALSO PROVIDE E-MAIL ADDRESS IF ABOVE IS CHECKED "YES":

Company Name:		
Address to mail **purchase orders**		
Contact Person:		
Phone & Fax #'s	**PHONE**	**FAX**
E-MAIL ADDRESS		

PAYMENT REMITTANCE ADDRESS(ES)

Provide **remittance** address(es) and contact person for which payments are to be mailed to if different from W-9 form:

Company Name:		
Address to mail **payments**		
Contact Person:		
Phone & Fax #'s		

INFORMATION FOR FUTURE

- "OPT-IN" FOR ELECTRONIC PO DELIVERY

Electronic ACH payments ***are soon to be implemented***. If your company wishes to "opt-in" to the electronic payment option, please have your collections office contact the City of Buffalo's Accounts Payable Department @ 716-851-5846. You must have your Vendor Identification Number (VIN) for this. If you are a new vendor we will forward that information to you upon receipt from the City of Buffalo.

TO ENSURE PROMPT PAYMENTS ALL INVOICES ARE TO BE SUBMITTED TO THE INVOICE ADDRESS LISTED ON THE PURCHASE ORDER.

Thank you for your cooperation in providing this information. If you have any questions, please contact the above named.

Thank you,

(Name)