

# Ulster County Vendor Information Request

**PLEASE RESPOND WITHIN 5 BUSINESS DAYS**

Ulster County has implemented a new financial management system and we are requesting that you, a vendor of Ulster County, provide us with up-to-date information by completing and returning this form. Please review the Notes and Instructions section below which includes additional information with regard to this request. In addition, please provide us with a "Form W-9, Request for Taxpayer Identification Number (TIN)" dated within 90 days of submission. We have included a blank Form W-9 as an attachment to this email. Please complete the Form W-9, print, sign, scan and attach it to your response email.

**Email (preferred), mail or fax:** County of Ulster  
PO Box 1800  
Kingston, NY 12402  
Fax: (845) 340-3430  
Email: vendor.purchasing@co.ulster.ny.us

For further information, please email us at vendor.purchasing@co.ulster.ny.us or contact us by phone at (845) 340-4052.

## Notes and Instructions:

**Please avoid handwritten responses.** Electronic responses are preferred. If you will be mailing or faxing this form, please complete it online BEFORE printing out the hard copy.

Electronic responses are preferred. Upon completion of this form, please click the Submit button. You will be asked to indicate what type of email you are using. Please read the instructions for each, as you may be required to save the completed form, then attach it along with the completed Form W-9, to your response email.

All applicable parts of this Vendor Information Request Form and the required attachment(s) (see checklist below) must be completed and submitted or the processing of any orders and/or payments may be delayed.

If you operate under an assumed business name (D/B/A) different from the name used on your income tax form (from W-9), you must submit a copy of your Certificate of Filing and enter that name in the "D/B/A - Business Name" box on this form.

Please provide us with a Primary Contact as well as contact information for assistance with Purchase Orders, Remittances, Sales, Accounting, and/or Shipping/Receiving. If you have multiple remittance addresses or some other contact information you wish to provide, please enter them on the last page of this form.

## Checklist:

BEFORE sending your response, please verify that you have :

- attached a completed and signed Form W-9, Request for Taxpayer Identification Number (TIN) dated within 90 days of submission to your response e-mail
- completed, and if using Internet email, saved and attached this Vendor Information Request Form to your response e-mail
- attached a copy of your Certificate of Filing (For D/B/A vendors only)

**Failure to accurately fill out the Vendor Information Request Form may result in delays of order and/or payment processing.**

**Be sure to attach a completed signed W-9 and your Certificate of Filing (if applicable) , then email, mail or fax to the address/fax# above .**

## PART 1: GENERAL INFORMATION

### VENDOR NAME (Items with an \* are required)

\*Last Name -or- Business Name (Individuals entering Last Name must enter First Name below)

First Name

Middle Name

Suffix

Select one:

Federal Tax ID

Soc Sec Num

\*Federal Tax ID or SS #

State Tax ID

**D/B/A** Business Name (from Form W-9 Business Name box, **if applicable**)

### Primary Contact Information (Items with an \* are required)

\*Contact Name

P.O.'s can be emailed to this email address?

\*Address Line 1

Address Line 2

Address Line 3

\*Zip Code

\*City

\*State

\*Email Address

\*Phone Number

Extension

Fax Number

Web Site Address

## PART 2: ADDITIONAL CONTACT INFORMATION

### Purchasing Contact Information (Items with an \* are required if you are completing this section)

Same as Primary Contact Info above

\*Contact Name

P.O.'s can be emailed to this email address?

\*Address Line 1

Address Line 2

Address Line 3

\*Zip Code \*City \*State

\*Email Address \*Phone Number Extension Fax Number

**Remittance Address & Contact Information (Items with an \* are required if you are completing this section)**

- Same as Primary Contact Info above **OR**
- Same as Purchasing Contact Info above

\*Contact Name  P.O.'s can be emailed to this email address?

\*Address Line 1

Address Line 2

Address Line 3

\*Zip Code \*City \*State

\*Email Address \*Phone Number Extension Fax Number

**Primary 1099 Contact Information (Items with an \* are required if you are completing this section)**

- Same as Primary Contact Info above **OR**
- Same as Purchasing Contact Info above **OR**
- Same as Remittance Contact Info above

\*Contact Name  P.O.'s can be emailed to this email address?

\*Address Line 1

Address Line 2

Address Line 3

\*Zip Code \*City \*State

\*Email Address \*Phone Number Extension Fax Number

## PART 3: ADDITIONAL REMITTANCE CONTACT INFORMATION

Please use these sections to provide us with additional remittance information, if necessary

\*Contact Name  P.O.'s can be emailed to this email address?

\*Address Line 1

Address Line 2

Address Line 3

\*Zip Code

\*City

\*State

\*Email Address

\*Phone Number

Extension

Fax Number

### Other Contact Information

\*Contact Name  P.O.'s can be emailed to this email address?

\*Description

\*Address Line 1

Address Line 2

Address Line 3

\*Zip Code

\*City

\*State

\*Email Address

\*Phone Number

Extension

Fax Number