Ulster County Vendor Information Request

PLEASE RESPOND WITHIN 5 BUSINESS DAYS

To be enrolled as vendor of Ulster County, please provide us with up-to-date information by completing and returning this form. It is a fillable form that can be saved and emailed to us. Please review the Notes and Instructions section below which includes additional information regarding this request.

In addition, please include a completed IRS Form W-9, *Request for Taxpayer Identification Number and Certification.* We have included a blank, fillable Form W-9 and simplified instructions as an attachment to this packet. The form also may be downloaded from the IRS website. The completed W-9 may require printing/scanning as it must be signed and dated within the past 12 months.

Send all documents via:

Email *(preferred)*: Department requesting **or** vendor.purchasing@ulstercountyny.gov
Include company name in subject line (e.g., "Acme Supplies new vendor info")

Mail: County of Ulster
Dept of General Services
PO Box 1800
Kingston, NY 12402

Fax: (845) 340-3434

For questions, please email us at vendor.purchasing@ulstercountyny.gov or contact us by phone at (845) 340-3401.

Notes and Instructions:

- **Please avoid handwritten responses.** Typed responses are preferred. This is a fillable form that you may complete and save as a pdf, then email. If you will be mailing, faxing, or dropping off these forms, please complete them online (typed) BEFORE printing out the hard copy.
- If you operate under an assumed business name (DBA – Doing Business As) that is different from the legal business name used on your tax filings, you must submit a copy of your Certificate of Filing and enter your assumed name in the "DBA Business Name" box in this form.
- If you are a 501(c)(3) or 501(c)(6) nonprofit tax entity, you must submit a copy of your latest Form 990 and/or extension.
- **Required information:** All sections of PART 1, including Company Information, Primary Contact, Purchase Order Contact, and Remittance Address. For Sales, Accounting, and/or other contacts, please complete on PART 2 of this form.

Checklist:
BEFORE sending your response, please verify that you have included:

- ☐ A completed Form W-9 signed and dated within the past 12 months. *Please be sure all applicable, non-optional fields are completed for IRS documentation purposes.* 1099 forms, if applicable, will be issued to the address used on Form W-9.
- ☐ Vendor Information Request form with all sections of PART 1 completed
- ☐ A copy of your Certificate of Filing *(for DBA vendors only)* or latest Form 990 *(for 501(c)(3) and 501(c)(6) vendors only)*.

Failure to accurately complete all requirements may result in delays of order and/or payment processing.

The Vendor understands that the County has established and implemented a Compliance Program and has developed "Standards of Conduct for Ulster County (the "Standards"). The Standards can be accessed electronically at any time by going to https://www.ulstercountyny.gov/Policies/Ulster-County-Compliance-Program. By conducting business with the County, the Vendor represents that it has read, understands and agrees to comply with the Standards with respect to its performance pursuant to this Agreement. Violation of the County's Compliance Program or Standards of Conduct may result in termination of the contract. The Ulster County Hotline number for reporting violations is (877) 569-8777. In addition, if the Vendor is a 501(c)(3) or a 501(c)(6), it must comply with all state and federal tax filings and reports.

PART 1: VENDOR INFORMATION - *Must Complete all Sections, A-E*

A. ULSTER COUNTY DEPT/CONTACT REFERENCE

Referring Ulster County Department

Ulster County Contact Name (if known)

B. VENDOR BUSINESS INFORMATION – *Items with * are required*

W-9 form submitted with this application should match this section. 1099 forms, if applicable, will be issued to the address on the W-9. If alternate/additional address is required, complete "Part 2: Additional Contact Info" section.

*Legal Business Name or Last Name *(If last name, fill-in remaining name blanks →)* First Name Middle Name Suffix

DBA Business Name, if applicable *(also submit copy of Certificate of Filing)*

*Select: ☐ Fed ID ☐ Soc Sec

*Fed Tax ID or SS#

State Tax ID

Parent Company Name, if applicable

Fed Tax ID

State Tax ID

*Business Description (Product or Service provided)

*Are you a non-profit organization? ☐ YES ☐ NO

If you are a 501(c)(3) or 501(c)(6), please provide a copy of your latest Form 990 and/or extension.

C. PRIMARY CONTACT NAME – *Items with * are required*

*Primary Contact Name

Job Title or Description

*Address Line 1

Address Line 2

Address Line 3

*Zip Code *City *State *Phone Number Extension Fax Number

Website Address

*Email Address

D. PURCHASING CONTACT OR DEPT NAME

☐ Same as Primary Contact Info above *(if not same, items with * are required in section)*

☐ Email Purchase Orders to this contact ☐ Purchase orders not applicable

*Purchasing Contact (or Dept) Name | Job Title or Description

*Address Line 1

Address Line 2

Address Line 3

*Zip Code | *City | *State | *Phone Number | Extension | Fax Number

*Email Address

E. REMITTANCE ADDRESS†

☐ Same as Primary Address† above OR

☐ Same as Purchasing Address† above *(if not same, items with * are required in section)*

†**Unless specified otherwise below, checks will be made payable to the business name**

Checks Payable to

*Street or PO Address Line 1 *(mailing address will be printed on check)*

Address Line 2 or Attn to *(will be printed with address on check)*

Address Line 3

*Zip Code | *City | *State

1099 forms, if applicable, will be issued to the address on the W-9.
For alternate recipient, complete Part 2: Addt'l Contact Information.

*Remittance Inquiries Email Address | *Remittance Inquires Phone Number | Extension

PART 2: ADDITIONAL CONTACT INFORMATION - *Optional*

Use these sections to provide additional contact information as needed.

A. Additional Contact 1

☐ Acct/Remittance ☐ Customer Service ☐ Manager ☐ Sales ☐ Alternate 1099 ☐ Other

Contact Name _____ Job Title or Description _____

Address Line 1 _____

Address Line 2 _____

Address Line 3 _____

Zip Code _____ City _____ State _____ Phone Number _____ Extension _____ Fax Number _____

Email Address _____ ☐ Email Purchase Orders to this Contact

B. Additional Contact 2

☐ Acct/Remittance ☐ Customer Service ☐ Manager ☐ Sales ☐ Alternate 1099 ☐ Other

Contact Name _____ Job Title or Description _____

Address Line 1 _____

Address Line 2 _____

Address Line 3 _____

Zip Code _____ City _____ State _____ Phone Number _____ Extension _____ Fax Number _____

Email Address _____ ☐ Email Purchase Orders to this Contact