Vendor Information Request/Change Form – Lower Hudson

Accurate and complete information is necessary in order for Rockland BOCES to process purchase orders and payments to our suppliers of goods and services.

Please mail this completed form along with W9 to the Rockland BOCES Purchasing Department, 65 Parrott Road, West Nyack, NY 10994-0607. Alternately, you may email to jcinquem@rboces.org or fax this completed form to the Rockland BOCES Purchasing Department at (845) 623-5337.

Complete Vendor (Payee) Name: _____

Doing Business As (DBA) Name (*if applicable*): _____

Post Office Box number (*if applicable*): _____

Street Address: _____

Room, Suite or Apartment number (*if applicable*): _____

City: _____State: _____ Zip Code: _____

Remittance Address (*if different*): _____

Individual to Contact: Printed Name _____ Title _____

E-mail Address (*if available*): _____

Toll Free Telephone Number (*if available*): _____

Area Code & Local Telephone Number: _____

Area Code & Local Cellular Number: _____

Area Code & Local Fax Number: _____

Web Site (URL) Address (*if available*): _____

TAX ID # (FIN/SSN) _____

WMBE (if applicable, please check): ☐

Rockland BOCES is enabling our vendors to receive payments electronically via ACH. This will allow vendors to receive payments more timely and securely. If you would like to receive payments electronically, please provide the information required below.

Name of Bank: _____ Remit email address: _____

Routing Number: _____Account Number: _____

_____ _____

BOCES' Contact Name requesting vendor information Date Submitted