



Vendor Records Management Unit - Payee Registration Form

Return this form to: CUNY Vendor Records Management Unit, 230 West 41st Street 5th Floor, New York, NY10036
Or by fax: (646) 664-3910 or email to: cuny.vendor@cuny.edu

For CUNY Use Only:

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Part I: Which CUNY college requested you to complete this Payee Registration Form? (This section must be completed)

College Name:

Name of College Contact Person:

Contact's Email: Phone Number:

Part II: Vendor (Payee) Information (This section must be completed)

1. Legal Business Name:

Grid for legal business name

2. If you use a DBA (Doing-Business-As) name, please list below: (Optional)

3. Entity Type (Check ONE only):

- Corporation, Government Agency including Hospital, Non-Profit including Hospital, Foreign Individual/Entity, Individual/Sole Proprietor, Partnership, LLC, Profit Education, Other

4. What are you supplying to CUNY? (Check ALL appropriate box(es))

- Merchandise, Telegram/Telephone/Freight/Storage Services, Health Care Service, Attorney, Other Services

Part III: Taxpayer Identification Number (TIN) Information (This section must be completed)

1. Enter your TIN here: (If your TIN is a SSN, DO NOT email form but mail or fax to CUNY Vendor Records Management Unit)

Grid for TIN

2. Taxpayer Identification Type (Check ONE only):

- Employer ID No. (EIN), Social Security No. (SSN), Individual Taxpayer ID No. (ITIN), N/A (Foreign Individual/Entity)

Part IV: Main Business Address (This section must be completed)

Number, Street, Apartment or Suite Number

Grid for address line 1

City, State, Zip Code, Country

Grid for address line 2

Part V: Default Remit-To Address (Optional) (Complete this section if your remit-to address is different than the above Main Business Address)

Number, Street, Apartment or Suite Number

City, State, Zip Code, Country

Part VI: Vendor Contact Information – Individual Authorized to Represent the Vendor* (This section must be completed).
Please refer to instructions. Form will be rejected if this section is not completed correctly)

Vendor Contact Person:

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Email:

Title: _____ Phone Number: _____

Part VII: Sales Representative Contact Information (Optional)

Sales Contact Person: _____ Title: _____

Contact's Email: _____ Phone Number: _____

Part VIII: New York State SFS Vendor Information

If you already have a New York State SFS Vendor Number, please enter here:

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Part IX: New York City FMS Vendor Information

If you already have a New York City FMS Vendor Number, please enter here:

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Part X: Signature* (This section must be completed)

***Please note that all required fields in Part I, II, III, IV, VI, and X must be completed before you sign and submit this form.**

Under penalties of perjury, I certify that all information (including tax identification information) provided on this form is provided by me and is correct to my best knowledge.

Sign Here:

Signature	Email
Print Preparer's Name/Title	Phone Number Date

Submit form (Page 1 and 2 Only) to:

CUNY Vendor Records Management Unit
 By mail to: **230 West 41st Street 5th Floor, New York, NY10036-7207**
 By fax: **(646) 664-3910**
 Or email to: **cuny.vendor@cuny.edu**

Instructions for Completing Payee Registration Form

Important:

- The City University of New York (CUNY) must obtain your correct Taxpayer Identification Number (TIN/SSN/ITIN) to report income paid to you or your organization. Information on the Payee Registration Form is required in order to comply with the Internal Revenue Service requirements. Lack of required documentation may delay the issuance of future purchase orders and/or payments.
- This is NOT a bidder request form. Completing this form will not add you to any CUNY bidder list. Complete this form only if you are requested to do so by CUNY.
- Please do not complete this form if you are an existing CUNY employee or a CUNY student (unless you are specifically instructed to do so by your college).
- If the form contains a SSN, please DO NOT email form but mail or fax the form directly to the City University of New York Vendor Records Management Unit.
- *Please note that all required fields in Part I, II, III, IV, VI, and X must be completed.

Instructions:

Part I: Which CUNY college requested you to complete this Payee Registration Form?*

Please provide college name, name of college contact person, email and phone number. If you are doing business with multiple CUNY colleges, please provide the information of the college with the most recent purchase order.

Part II: Vendor (Payee) Information*

1. **Legal Business Name:** For individuals, enter the name of the person who will do business with CUNY (or receive payment from CUNY) as it appears on the Social Security card or other required Federal tax documents. An organization should enter the name shown on its charter or other legal documents that created the organization. Do not abbreviate names.
2. **DBA (Doing Business As):** Enter your DBA name.
3. **Entity Type:** Mark the Entity Type. Check **ONE** only.
4. **What are you supplying to CUNY?** Mark the appropriate check box. Check **ALL** appropriate box(es).

Part III: Taxpayer Identification Number (TIN) Information*

1. **Taxpayer Identification Number:** Enter your nine-digit Social Security Number (SSN), Individual Taxpayer Identification Number (ITIN) or Employer Identification Number (EIN). To ensure your privacy, if the form contains a SSN, please **DO NOT** email form but mail or fax the form directly to the City University of New York Vendor Records Management Unit.
2. **Taxpayer Identification Type:** Mark the type of identification number provided.

Part IV: Main Business Address:* List the location where your main business is physically located.

Part V: Default Remit-To Address: Complete this section if your remit-to address is different than the main business address in Part IV.

Part VI: Vendor Contact Information*

Please provide the contact information for an executive at your organization. This individual should be a person who makes legal and financial decisions for your organization. All information including name, title, telephone and email must be completed. For New York State vendors, please be sure to provide email to ensure you will receive invitation to join eSupplier Vendor Self Service. The State's eSupplier portal allows vendors to manage their address/contact information and search details about their payments.

Part VII: Sales Representative Contact Information

Please provide the contact information for a sales representative to work with CUNY procurement. Please provide name, title, telephone and email.

Part VIII: New York State SFS Vendor Information

New York State SFS Vendor Number: If you already have a New York State SFS Vendor Number, please enter information in the boxes provided.

Part IX: New York City FMS Vendor Information

New York City FMS Vendor Number: If you already have a New York City FMS Vendor Number, please enter information in the boxes provided.

Part X: Signature*

This vendor form must be signed before submitting to the CUNY Vendor Records Management Unit.