



# Vendor Application

## PURPOSE

Used to establish or update a vendor account with the New York Institute of Technology (NYIT). It is the vendor's responsibility to update NYIT of any changes to the information you have provided on this form. Any changes, additions or deletions of information should be sent to NYIT stating the specific changes.

## Transaction Type

- New Vendor Application
- Vendor Information Update (specify what you are updating)

## Instructions

This application is comprised of 3 parts. The first is this form (3 pages), which outlines your company's business information. The second is the Business Classification & Diversity Information Form (1 page), which is included as a part of the vendor application documents. The third is the W-9 (included as a part of the vendor application documents) or W-8 form (see below) required by the Internal Revenue Service.

**After completing the forms, please submit them by fax 516.686.7433 or postal mail to the following:**

Procurement Services  
500 Northern Blvd.,  
Old Westbury, NY 11568

If you have questions regarding these forms, call the NYIT Procurement Services at 516.686.7902.

## RETURN TO NYIT. DO NOT SEND TO THE IRS.

**Vendors who are foreign nationals should use the W-8 forms instead of the W-9 form**

- W-8BEN <http://www.irs.gov/pub/irs-pdf/fw8ben.pdf>
- W-8ECI <http://www.irs.gov/pub/irs-pdf/fw8eci.pdf>
- W-8EXP <http://www.irs.gov/pub/irs-pdf/fw8exp.pdf>

## NYIT CONTACT INFORMATION TO BE COMPLETED BY NYIT DEPARTMENT PRIOR TO SENDING TO VENDOR

<b>Name</b>	<b>Email Address</b>
<b>Campus &amp; Department</b>	<b>Campus phone</b>

## REFERENCES – List three (3) institutions with which you are currently conducting business (preferably colleges or universities)

Company Name	Contact	Phone #
1.		
2.		
3.		

Federal Employer's Identification Number (EIN) \_\_\_\_\_ or \_\_\_\_\_

Social Security Number (SSN) \_\_\_\_\_

**IMPORTANT:** Your Social Security Number is acceptable as a form of identification, but a Federal EIN is preferred. Be advised that your Social Security Number puts you at greater risk for identity theft; that risk is mitigated if you obtain and provide a Federal EIN (which you may obtain for the purpose of filing your business federal income tax returns with the Internal Revenue Service (IRS). If you do not have a federal EIN, one may be obtained free of charge from the IRS on-line at <https://irs-ein-number.com/> or by calling them at 800.829.4933. This process takes approximately five minutes.

NEW YORK INSTITUTE OF TECHNOLOGY

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**VENDOR INFORMATION**

<b>Legal Name</b>	<b>DBA (Business) Name, if different</b>		
<b>Street Address</b>			
<b>City</b>	<b>State</b>	<b>Zip</b>	
<b>Phone Number</b>	<b>Fax Number</b>		
<b>Website Address</b>	<b>Number of Employees</b>		

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**TYPE OF BUSINESS**

<input type="checkbox"/> Corporation/Inc.	<input type="checkbox"/> Partnership
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietor
<input type="checkbox"/> Non-Profit	<input type="checkbox"/> State/Federal Agency
<input type="checkbox"/> Other (please specify):	

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**FOREIGN OWNED**

<input type="checkbox"/> Foreign Individual	Are you a US citizen or a permanent resident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Country of residence			
State/country where services will be provided			
<input type="checkbox"/> Foreign Owned			
Country of Incorporation			
State/country where services will be provided			

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**BUSINESS DESCRIPTION**

Provide a brief description of the products and/or services provided by your business:

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**CONTACT INFORMATION**

<b>Contact Name</b>	<b>Title</b>
<b>Phone Number</b>	<b>Fax Number</b>
<b>E-mail</b>	

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NYIT now offers payments through the Automated Clearing House (ACH). The payments will be sent via EFY to your bank account. Once the Accounts Payable Department has processed the payment, you will receive an e-mail with remittance information so you will be able to identify the credit in your bank account.

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If you are interested in participating in the electronic payment process, please complete the information below, and provide a voided check or Bank letter.

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**E-mail address for Contact Person (payment details):**

<b>Bank Name</b>	<b>Bank Address</b>
<b>Bank Account #</b>	<b>Routing/ABA #</b>

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I authorize NYIT to directly deposit payments into the above-mentioned Bank Account

<b>Signature</b>	<b>Date</b>
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**VENDOR INFORMATION**

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**Legal Mailing Address (if different from above)****Address****City** **State** **Zip****Email Address** **Fax**

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**Ordering Address (if different than legal)****Address****City** **State** **Zip****Email Address** **Fax**

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**Remit To Address (if different than Legal)****Address****City** **State** **Zip****Email Address** **Fax**

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**STATEMENT OF EMPLOYEE OWNERSHIP INTEREST**

Is any NYIT employee an Officer, Director, Partner in this company?

 Yes  No

Does any NYIT employee, Officer, Director or Partner hold any paid position in this company?

 Yes  No

Does NYIT provide employment for any party (or their spouse or minor child) that has a 5% or greater ownership interest in this company?

 Yes  No

**If you have answered yes to any of the questions above please attach a list identifying these individuals  
and their relationship to your company.**

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**AUTHORIZED SIGNATURE**

I certify that the information supplied herein (including all pages attached) is correct and that neither the applicant nor any person (or concern) in any connection with the applicant as a principal or officer, so far as known, is now debarred or declared ineligible by the U.S. Government or by any Governmental agency of the State of New York from bidding or furnishing materials, supplies or services to the U.S. Government or NYIT or any agency thereof. Further, I understand that any person who misrepresents a firm's status as a small, HUBZone small, small disadvantaged, woman-owned, or Veteran or Service-Disabled Veteran-Owned Small Business concern in order to obtain a contract awarded under the Small Business Act shall:

1. Be punished by imposition of fine, imprisonment, or both;
2. Be subject to administrative remedies including suspension and debarment; and
3. Be ineligible for participation in programs conducted under the Authority of the Act.

ALL COMPANIES PRODUCING PRODUCTS BEARING THE UNIVERSITY'S MARKS MUST RECEIVE PRIOR APPROVAL THROUGH THE NYIT OFFICE OF COMMUNICATIONS & MARKETING

**Business name****Business address****City** **State** **Zip****Telephone number** **Fax number****Authorized signature** **Date**

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**\*\*\*\*\*BELOW FOR PROCUREMENT SERVICES USE ONLY\*\*\*\*\*****Vendor Approved**  Yes  No **by** **Date****Reference Check Completed**  Yes  No **by** **Date**