



**Part V: Add/Delete ADDITIONAL Ordering and/or Payment Address**

Add

Delete

Number, Street, Apartment or Suite Number

Grid for address entry (2 rows, 25 columns each)

City, State, Zip Code, Country

Grid for city/state/zip/country entry (2 rows, 25 columns each)

**Part VI: Add/Delete ADDITIONAL Ordering and/or Payment Address**

Add

Delete

Number, Street, Apartment or Suite Number

Grid for address entry (2 rows, 25 columns each)

City, State, Zip Code, Country

Grid for city/state/zip/country entry (2 rows, 25 columns each)

**Part VII: Add/Delete ADDITIONAL Contact**

Add

Delete

Vendor Contact Person:

Grid for vendor contact person name (1 row, 25 columns)

Email:

Grid for email address (2 rows, 25 columns each)

Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Part VIII: Add/Delete ADDITIONAL Contact**

Add

Delete

Vendor Contact Person:

Grid for vendor contact person name (1 row, 25 columns)

Email:

Grid for email address (2 rows, 25 columns each)

Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Part IX: Signature\* (This section must be completed)**

Sign Here:

Signature lines for Name, Email, Print Name/Title, Phone Number, and Date

Submit form (Page 1 and 2 Only) to the CUNY representative who requested you to complete this form.

## Instructions for Completing Vendor/Payee Address and Contact Update Form

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### Important:

- Only complete this form if you are requested by CUNY.
- If the form contains a SSN, please **DO NOT** email form but mail or fax the form directly to the CUNY representative who requested you to complete this form.
- \*Please note that all required fields in Part I, II, and IX must be completed.

### Instructions:

#### **Part I: Which CUNY college or CUNY entity requested you to complete this form?\***

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

#### **Part II: Vendor or Payee Information\***

1. **Legal 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. **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.

#### **Part III: Update MAIN Business Address:**

Complete this section if you want to update the tax reporting address. PO Box cannot be used. Go to Parts V and VI if you want to add/delete additional address.

#### **Part IV: Update MAIN Contact:**

Complete this section if you want to update 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. Go to Parts VII and VIII if you want to add/delete additional contact.

#### **Part V and VI: Add/Delete Additional Ordering and/or Payment Address**

Please make sure the check box Add or Delete is checked.

#### **Part VII and VIII: Add/Delete Additional Contact**

Please make sure the check box Add or Delete is checked.

#### **Part IX: Signature\***

This form must be signed before submitting to CUNY.