#####

##### VENDOR NUMBER REQUEST / CHANGE FORM

**GENERAL COMPLETION INSTRUCTIONS:**

* Type or print clearly. **NOTE: Provider of service must complete this form.**
* Include the Federal Tax ID and company name only if the payment is to be made to the company. If the payment is to be made to you, as an individual, leave the company blank.
* Attach a copy of your Social Security Card. If requesting a number for a company, please attach a copy of the letter received from the IRS assigning the Tax ID to your company. No substitutions!
* **Return this page ONLY of completed forms to: Vendor Operations, PO BOX 23020, Rochester, NY, 14692.** Only the original completed form with original signature is acceptable. No copies or faxes will be accepted.
* Allow ten business days for processing. Once a number is assigned, this does not entitle you to payment. You must contact the caseworker with any questions regarding payments.
* **SEE REVERSE FOR COMPLETE LIST OF INSTRUCTIONS.**

**Please check one**: [ ] Request  **NEW** Number

 [ ] Change existing information for Vendor # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \*Effective date [ ] Immediately [ ] Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security or Tax ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First MI

Company or D.B.A.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street / PO Box #

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City State or Province Zip

Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What service will you be providing? [ ] Day Care [ ] Rental [ ] Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I CERTIFY THAT THIS INFORMATION IS TRUE AND ACCURATE**.

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Date

OFFICE USE ONLY NEW VENDOR NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [ ] Services [ ] Non-Services Case No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment Type [ ] Rent [ ] Day Care [ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Payment Code\_\_\_\_\_

Caseworker\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Unit\_\_\_\_\_\_\_Number\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_

 Questions related to the completion of this form can be directed to 753-6663.

 Processed by\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INSTRUCTIONS**

**VENDOR NUMBER REQUEST / CHANGE FORM**

**When to use this form**

\* To apply for a NEW Monroe County vendor number

\* To change address or name information on an existing vendor number

\* To add or change pay type codes

**To apply for a new vendor number**

\* If applying for a vendor number as an individual with a social security number, attach a copy of your social security card; no substitutions accepted.

\* If applying for a vendor number as a company with a tax ID number, attach a copy of a letter received from the IRS which includes both your tax ID number AND company name. W-9 forms are not accepted.

\* Only complete the Company or DBA line if the vendor number is to be assigned to a company with a tax ID number, or a person whom will be receiving payments under a DBA. If you have a DBA name, please also include a copy of your DBA papers

**To change information on existing vendor numbers**

\* Complete all information on this form; be sure to provide your existing vendor number

\* The only information that can be changed is the address and name; you cannot change which person or company the vendor number belongs to, the social security number or tax ID number cannot be changed

\* When changing a name, be sure to include proper documentation showing the change

* For individuals, please submit a copy of the updated social security card
* For businesses, please submit documentation from the IRS showing the change (must include both new name and tax ID number on documentation)

\* If a payment type needs to be updated, please be sure to include this information as well

\* **Please Note**: If submitting an address change, please also allow 10 business days for processing. Be advised, that notification will not be sent once an address is changed. The change will take affect once the next payment is sent.

**General Information**

**\* The vendor must send in the ORIGINAL form, with ORIGINAL signatures. Copies or faxes are not acceptable.**

\* Please allow at least 10 days once this form is received by Vendor Operations for processing.

\* Please do not contact Vendor Operations to obtain your new vendor number. You will receive notice via mail once a new vendor number is assigned.

\* Applying for and receiving a new vendor number, does not entitle you to payment. The appropriate caseworker must first notify you that you are authorized to receive payment, before a payment will be issued. If payments are not received even after this notification, you must then contact that caseworker with any further questions.