Print Form

NVR-1 Rev (05/06)

New Vendor Registration

Monroe County Purchasing Department
200 County Office Building
39 West Main Street
Rochester, NY 14614

Please print and fax the completed form to Purchasing & Central Services (585 753-1104).

Vendor Name:

REMIT TO ADDRESS INFORMATION:

Number and Street:

Street 2:

City/Town: State: NY Zip: Country: US

Phone Number: Cell Number:

PURCHASE ORDER ADDRESS INFORMATION:

Number and Street:

Street 2:

City/Town: State: NY Zip: Country: US

e-mail: Fax Number:

VENDOR TAX INFORMATION (Enter either SSN or Federal Tax ID Number):

SSN **OR** Federal Tax ID Number:

MINORITY INDICATOR:

Are you a minority- or woman-owned business? ◯ Minority (MIN) ◯ Minority/Woman-Owned (MW) ◯ Woman-Owned (WOM)

If yes, please enter the following information: Certification Date: **AND**

W. Tax Code:

PURCHASING DATA:

Shipping Terms: (e.g., FOB Destination)

Salesperson: Phone Number:

Vendor's Account Number: