

SUPPLIER REGISTRATION FORM

Order from information

Remit to information

Company Name: _____

Address: _____

Address: _____

City, State, Zip: _____

Telephone No.: _____

Fax No. _____

Toll Free No. _____

Contact Person: _____

E-mail Address: _____

Web Address: _____

Federal Employee Identification Number or SS#: _____

NYS Certified Minority-owned Business Enterprise? _____ YES _____ NO

NYS Certified Woman-owned Business Enterprise? _____ YES _____ NO

(If you answer "yes", please provide a copy of your Certification letter)

Small Business Enterprise (less than 100 employees)? _____ YES _____ NO

Inquiry to determine compliance with the provisions of Public Officers Law S74(4):

Please indicate if you or any officer of your organization, or any party owning or controlling more than 10 percent of your stock if you are a corporation, or any member if you are a firm or association, is an officer or employee of the State of New York or of a public benefit corporation of the State of New York. _____ YES _____ NO

List all products/services provided by your company (attach a line card if available): _____

Submit completed form to:

SUNY New Paltz
Purchasing Department HAB 307
75 S. Manheim Boulevard Suite 9
New Paltz, New York 12561-2443
Telephone: 845-257-3190
Facsimile: 845-257-3189