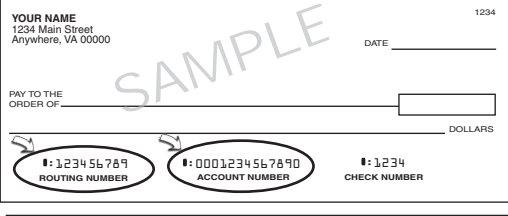


<b>AP SUPPLIER MAINTENANCE REQUEST</b>	<b>NEW YORK CITY HOUSING AUTHORITY</b>
<b>To: Accounts Payable – Vendor Maintenance</b>	
<b>PLEASE CHECK ONE:</b> <input type="checkbox"/> ADD      <input type="checkbox"/> <b>CHANGE STATUS:</b> <input type="checkbox"/> HOLD <input type="checkbox"/> INACTIVATE <input type="checkbox"/> MODIFY THE FOLLOWING SUPPLIER      <input type="checkbox"/> REMOVE HOLD <input type="checkbox"/> ACTIVATE	
SUPPLIER NAME	SUPPLIER NUMBER
TAXPAYER I.D. (REQUIRED)	FEDERAL REPORTABLE <input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS (IF PO BOX, INCLUDE STREET ADDRESS) _____	
CITY _____ STATE _____ ZIP CODE _____ COUNTRY _____	
MAIN TELEPHONE NUMBER (    )	CONTACT NAME
FAX NUMBER (    )	E-MAIL ADDRESS
REMIT TO LOCATION _____ _____	<input type="checkbox"/> RFP    OR <input type="checkbox"/> PURCHASE ORDER LOCATION _____ _____
ADDITIONAL COMMENTS OR REQUIREMENTS: _____ _____	

ADDITIONAL VENDOR INFORMATION		
ALTERNATE NAME	CUSTOMER NUMBER	
BUSINESS TYPE	SIC CODE	PARENT SUPPLIER NAME
<input type="checkbox"/> MINORITY OWNED <input type="checkbox"/> WOMEN OWNED <input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> NYCHA RESIDENT OWNED <input type="checkbox"/> NONE OF THE ABOVE		
<b>IF MINORITY OWNED, CHECK BELOW</b> <input type="checkbox"/> ASIAN/PACIFIC <input type="checkbox"/> WOMEN <input type="checkbox"/> BLACK <input type="checkbox"/> HASIDIC JEW <input type="checkbox"/> HISPANIC <input type="checkbox"/> NATIVE AMERICAN		
TERMS:		

PAYMENT WILL <u>ONLY</u> BE MADE IF ACH BANKING INFORMATION IS PROVIDED	
	<b>SUPPLY BANK INFORMATION</b> Bank Name _____ Address _____ Routing Number _____ Account Number _____
<i>I hereby authorize New York City Housing Authority ("NYCHA") to initiate credit entries to my checking/savings account at the financial institution listed below, and if necessary, initiate adjustments for any transactions credited in error. This authorization will remain in effect until NYCHA is notified by me in writing to cancel it in such time as to afford NYCHA and the financial institution a reasonable opportunity to act on the cancellation request.</i>	

TAX REPORTING SITE	W-9 ATTACHED: <input type="checkbox"/> YES <input type="checkbox"/> NO	MATCH APPROVAL LEVEL:
REQUESTED BY _____ <i>(Print name &amp; Sign)</i> _____ <i>Date</i>	APPROVED BY _____ <i>(Print name &amp; Sign)</i> _____ <i>Date</i>	
TITLE: _____	TITLE: _____	
DEPARTMENT: _____	TEL.: _____	DEPARTMENT: _____
TEL.: _____	TEL.: _____	

ACCOUNTS PAYABLE USE ONLY: (VENDOR MAINTENANCE UNIT)	
APPROVED BY: _____ <i>(Print name &amp; Sign)</i>	DATE _____
TITLE _____	

