



VENDOR APPLICATION

Complete application and return to **one** of the following:
 Nassau BOCES/FIS, PO BOX 9195, GARDEN CITY, NY 11530-9195
 FAX: 516/396-2321
 EMAIL: ap@nasboces.org

CONTACT INFORMATION

Name of Payee or Business:		Date:
PURCHASE ORDER ADDRESS:		*REMIT ADDRESS:
CITY:		CITY:
STATE:	ZIP:	STATE: ZIP:

*Remit Address if not same as Order Address

Business Phone:
Business FAX:
Business Website:
Federal Tax Id Number/SSN:

PURCHASE ORDER METHOD

Nassau BOCES preferred method is email. If you have fax only, supply the fax number above.

Email address for Purchase orders:

PAYMENT DELIVERY METHOD

- EFT/ACH
- CHECK

PAYMENT DISCOUNT TERMS

- 2% Net 10
- Other: _____

COMPANY CONTACT PERSON:	
COMPANY CONTACT PERSON PHONE:	
COMPANY EMAIL ADDRESS FOR REMITTANCE ADVICE:	

BANKING INFORMATION

NAME OF FINANCIAL INSTITUTION:	
FINANCIAL INSTITUTION PHONE:	
NAME ON YOUR ACCOUNT:	
BANK ABA/ROUTING NUMBER:	
YOUR ACCOUNT NUMBER:	
TYPE OF ACCOUNT:	

I hereby authorize Nassau BOCES and the financial institutions involved in processing of my payments to receive confidential information necessary to effect electronic vendor payments. If signed by a fiduciary on behalf of the vendor, I certify I have the authority to execute this authorization on behalf of the vendor. I hereby agree that this authorization will remain in effect until Nassau BOCES is notified of a change in status.

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PRINT NAME

SIGNATURE OF AUTHORIZED OFFICIAL