

Vendor Master Setup Maintenance Request Form



FIN-AP-023

Section 1 – Information and Instructions	
<p>The purpose of this form is to provide the MTA Business Service Center (BSC) with information to create a new vendor or update existing vendor information in PeopleSoft. This form is to be completed by Agency Procurement, an MTA employee, or the Vendor. Fields that contain a "*" prefix are required fields. Please note that forms missing completed required fields will be returned to the requestor for adjustment and resubmission.</p> <p>Please fax the completed form to 212-852-8700 or e-mail to bscservice@mtabsc.org. If you have any questions, please contact MTA Business Service Center (BSC) at 646-376-0123 or bscservice@mtabsc.org.</p>	

Section 2 - Requestor Information	
*Date of Request	
*Requestor Name	
*Requestor Organization (vendor only)	
Requestor Title	BSC ID (agency requestor only)
*Agency	Department (agency requestor only)
*Telephone Number	*Email Address

Section 3 – Request Type*
<input type="checkbox"/> Vendor (Provide W-9 and a blank invoice) <input type="checkbox"/> Change of Address (Enter address to be replaced in the Section 9 Comments Box) <input type="checkbox"/> Add New Address (Provide copy of invoice or letterhead) <input type="checkbox"/> Change of Default Value(s) (In the comments box, enter information (e.g., remit it address, order address,) to be replaced as vendor master defaults) <input type="checkbox"/> Add Additional Address (Provide copy of invoice or letterhead) <input type="checkbox"/> Change of TIN (Provide new W-9 and letter explaining reason for change) <input type="checkbox"/> Change of Name (Provide new W-9 and letter explaining reason for change) <input type="checkbox"/> Change of Payment Terms <input type="checkbox"/> Change of Contact Information <input type="checkbox"/> Change of Bank Information <input type="checkbox"/> Inactivate Vendor <input type="checkbox"/> Other Change (Please Specify)

Section 4 - Vendor Company Information		
Vendor ID (if applicable)		
Vendor Type (Please Check One)		
<input type="checkbox"/> Supplier	<input type="checkbox"/> Employee	<input type="checkbox"/> Insurance Provider
<input type="checkbox"/> Attorney	<input type="checkbox"/> General Deduction	<input type="checkbox"/> Garnishment Payroll
<input type="checkbox"/> Other (Please Explain)		
Legal Business Name (Must Match W-9 Form)		
Business Name, Trade Name, Doing Business As (If Different Than Above)		

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Federal Tax ID Number (Corporation, Inc., etc.)
Social Security Number (Sole Proprietorship)
Employee ID
1099 Applicable?

Section 5 - Vendor Address Information

Existing Address Sequence Number (applicable to vendor master changes only)		
Invoicing Address		
City	State	Zip Code
Primary Telephone Number		Primary Fax Number
Remit To Address (If Different Than Above)		
City	State	Zip Code
Purchasing Address (If Different Than Above)		
City	State	Zip Code
Ordering Address (If Different Than Above)		
City	State	Zip Code
Company E-mail Address		Company Website Address

Section 6 – Vendor Representative Contact Information

Company Representative Name		Primary Contact?
Telephone Number		Cell Phone Number
E-mail Address		Fax Number
Address		
City	State	Zip

Secondary Contract		
Telephone Number		Cell Phone Number
E-mail Address		Fax Number
Address		
City	State	Zip

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Section 7 – Is Your Business Currently Certified as One of the Following? (Please Check)

- *MBE (Minority Owned Business Enterprise)
- *WBE (Women Business Enterprise)
- DBE (Disadvantaged Business Enterprise)
- *SDV (Service-Disabled Veteran-Owned Business)

***MBE / WBE – Attach copy of NYS Empire Development Agency Certification and DBE- NY/NJ PORT AUTHORITY**

Section 8 – Payment Details

Payment Terms

- 2/10 Net 30
- Net 30
- Other, please specify

Payment Method

- Check
- ACH

If ACH, please provide the banking details below:

ACH Confirmation Email Address

Bank Name

Bank Account Name

Bank Account Number

ABA Routing Number

Section 9 – Comments