



# New Vendor Registration

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

Print Form

Submit by Email

Please email ([mcpurchasing@monroecounty.gov](mailto:mcpurchasing@monroecounty.gov)) or print and fax the completed form to Purchasing & Central Services (585-753-1104).

Vendor Name:

### REMIT TO ADDRESS INFORMATION:

Number & Street:   
Street 2:   
City/Town:  State:  Zip:  Country:   
Phone (no spaces):  Cell Number (no spaces):

### PURCHASE ORDER ADDRESS INFORMATION:

Number & Street:   
Street 2:   
City/Town:  State:  Zip:  Country:   
Email:  Fax:

### VENDOR TAX INFORMATION (Either SSN or Federal Employer ID Number):

SSN:  OR FEIN #:

### MINORITY AND WOMEN'S BUSINESS ENTERPRISE INDICATOR:

Are you a minority- or woman-owned business?

Minority Business Enterprise (MBE)  Minority/Women-Owned (MW)  
 Women-Owned Business Enterprise (WBE)

If yes, please enter the following: Certification Date:   
AND Withholding Tax Code:

### VETERAN BUSINESS INDICATOR:

Are you a veteran-owned business?

Veteran-Owned Business  
 Service Disabled Veteran-Owned Small Business (SDVOSB)

### PURCHASING DATA:

Shipping Terms:  (e.g., FOB Destination)  
Salesperson:   
Phone Number:   
Vendor's Account Number:

INDICATE MATERIAL GROUP(S) ON PAGE TWO.

