



Madison County Purchasing Department
Wampsville, New York

VENDOR APPLICATION

IMPORTANT: This application must be completed in its entirety. Additionally, applicant is required to provide a **W-9** (REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION) form. Any data left blank or not provided may result in delays processing your application.

SECTION 1 – LEGAL NAME OF FIRM OR CORPORATION (All fields required)							
Madison County Vendor #				Madison County Customer #			
Company Name 1							
Company Name 2 dba, Division, Subsidiary, etc.							
SECTION 2 – ADDRESSES (All fields required)							
2A – PURCHASE ORDER ADDRESS				2B – INVOICES/PAYMENT ADDRESS			
Address 1				Address 1			
Address 2				Address 2			
Address 3				Address 3			
City		State		City		State	
Zip Code		Country		Zip Code		Country	
Telephone		Extension		Telephone		Extension	
Toll Free				Toll Free			
Fax				Fax			
Website				Website			
Email				Email			
Contact				Contact			
Title				Title			
Purchase orders should be sent via	EMAIL			Fax	Mail		
2C – BID REQUEST ADDRESS				2D – RETURN ITEMS ADDRESS			
Address 1				Address 1			
Address 2				Address 2			
Address 3				Address 3			
City		State		City		State	
Zip Code		Country		Zip Code		Country	
Telephone		Extension		Telephone		Extension	
Toll Free				Toll Free			

2C – BID REQUEST ADDRESS		2C – BID REQUEST ADDRESS	
Fax		Fax	
Website		Website	
Email		Email	
Contact		Contact	
Title		Title	

SECTION 3 – COMPANY INFORMATION (All fields required)

3Aa – COMPANY STRUCTURE		3B – IF INCORPORATED	
<input type="checkbox"/> Individual/Sole Proprietor (If you are operating as a sole proprietor, please provide your Social Security number.)	<input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Non-Profit Organization <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____ (If you are operating under any of the statuses listed above you must provide your Federal Identification number.)	State Incorporated	
		Incorporation Date	
		3C - Total # of Employees	
		3D – ANNUAL GROSS RECEIPTS	
	<input type="checkbox"/> Less than \$500,000 <input type="checkbox"/> \$500,000 - \$1 Million <input type="checkbox"/> \$1 Million - \$2 Million	<input type="checkbox"/> \$2 Million - \$5 Million <input type="checkbox"/> \$5 Million or more <input type="checkbox"/> Over \$20 Million	

Social Security # _____ **- OR -** **Federal Tax Identification #** _____

3E – CLASS ID

<input type="checkbox"/> Advertising (ADV)	<input type="checkbox"/> Foreign Supplier (FRG)	<input type="checkbox"/> Tradesman (TRD)
<input type="checkbox"/> Professional / Consultant (CNS)	<input type="checkbox"/> Government Agency (GVT)	<input type="checkbox"/> Transportation (TRN)
<input type="checkbox"/> Contractor (CNT)	<input type="checkbox"/> Public Relations (PR)	<input type="checkbox"/> Travel Related Services (TRV)
<input type="checkbox"/> Entertainment (ENT)	<input type="checkbox"/> Sports Official (SPO)	<input type="checkbox"/> Commodity Supplier (CS)

3F – ETHNIC GROUP	3H – CERTIFICATION/CERTIFICATION NUMBER
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<input type="checkbox"/> African American (AAM)	<input type="checkbox"/> State of New York	# _____
<input type="checkbox"/> Asian (ASI)	<input type="checkbox"/> NYS Department of Transportation	# _____
<input type="checkbox"/> Caucasian (CAU)	<input type="checkbox"/> US Small Business Administration	# _____
<input type="checkbox"/> Hispanic (HIS)	<input type="checkbox"/> NMSDC (National Minority Supplier Development Council)	# _____
<input type="checkbox"/> Native American (NAM)	<input type="checkbox"/> Other _____	# _____
3G – GENDER GROUP	<input type="checkbox"/> Other _____	# _____
<input type="checkbox"/> Male Owned (MAL)	<input type="checkbox"/> Other _____	# _____
<input type="checkbox"/> Woman Owned (WOM)	<input type="checkbox"/> Other _____	# _____

SECTION 4 - NIGP CODES

Click the NIGP link in the Purchasing Section of the Madison County website www.madisoncounty.ny.gov for complete list of NIGP codes.

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SECTION 5 – APPLICATION COMPLETED BY

Please provide the name, telephone and email address of the person who completed this application.

Name			
Telephone		Email	

PLEASE RETURN TO: Madison County, Purchasing Department, Vendor Application Form Processing, 138 N. Court Street, Wampsville, New York 13163