



SUNY ORANGE

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SUNY ORANGE NEW VENDOR FORM

This Client Account Form is provided by Suny Orange for account processing purposes. Please provide a W-9 Form with this submission form and send to purchasing@sunyorange.edu.

Vendor Name _____ Suny Orange Account # _____

Address: _____

Main Phone: _____ Website: _____

State Contract # _____ MWBE _____ OTHER _____

Send Purchase Order to: Email: _____

Phone: _____

Contact Information:

Sales Rep/Primary Contact Name: _____

Email: _____ Telephone: _____

Additional Telephone/Mobile: _____

Secondary Contact (if applicable)

Contact Name: _____

Email: _____ Telephone: _____

Additional Telephone/Mobile: _____

Services Provided: _____

Tax ID: _____

Accounts Receivable Contact: _____

Phone: _____ Email: _____

Note: All orders require a Purchase Order prior to ordering services. Suny Orange payment terms are net 30 days. Contact purchasing@sunyorange.edu , Send invoices to: accountspayable@sunyorange.edu.