

# Vendor Master Setup-Maintenance Request Form



FIN-AP-023

## Section 1 – Information and Instructions

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 are rejected and sent back to the requestor for adjustment and resubmission.

Please fax the completed form to 212-852-8700 or e-mail to [bscservice@mtabsc.org](mailto:bscservice@mtabsc.org). If you have any questions, please contact MTA Business Service Center (BSC) at 646-376-0123 or [bscservice@mtabsc.org](mailto:bscservice@mtabsc.org).

## Section 2 - Requestor Information

\*Date of Request

\*Requestor Name

\*Requestor Organization (vendor only)

Requestor Title

Employee ID ( agency requestor only)

\*Agency

Department (agency requestor only)

\*Telephone Number

\*E-mail Address

Requestor Organization (vendor only)

## Section 3 – Request Type\*

New Vendor (Provide W-9 and a blank invoice)

Change of Address (Enter address to be replaced in the comments box)

Add New Address (Provide copy of invoice or letterhead)

Change of Default Value(s) (In the comments box, enter information (e.g., remit it address, order address, etc) to be replaced as vendor master defaults)

Add Additional Address (Provide copy of invoice or letterhead)

Change of TIN (Provide new W-9 and letter explaining reason for change)

Change of Name (Provide new W-9 and letter explaining reason for change)

Change of Payment Terms

Change of Contact Information

Change of Bank Information

Inactivate Vendor

Other Change (Please Specify)

## Section 4 - Vendor Company Information

Vendor ID (if applicable)

Vendor Type (Please Check One)

Supplier

Employee

Insurance Provider

Attorney

General Deduction

Garnishment Payroll

Other (Please Explain)

Legal Business Name (Must Match W-9 Form)

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Business Name, Trade Name, Doing Business As (If Different Than Above)
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 Contact		
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 Enterprises)  
SBE (Small Business Enterprise)  
SDV (Service-Disabled Veteran-Owned Small Business)  
N/A  
\*MBE / WBE – Provide NYS Empire Development Agency Certification

Minority Vendor

APA (Asian-Pacific  
American)

BA (Black American)

HA (Hispanic American)

NA (Native American)

NMW (Non-Minority  
Woman)

SAA (Subcontinent Asian  
American)

Other, please specify

## 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