



CENTRALIZED CORPORATE CUSTOMER REQUEST FORM

TYPE OR PRINT INFORMATION NEATLY. PLEASE REFER TO INSTRUCTIONS FOR MORE INFORMATION.

Part I: Customer Information

Vendor ID:

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Vendor Name:

Part II: Type of Request

Check the type of Customer being requested:

Interagency Request

Federal Grant

Revenue Customer

Part III: Assigned Customer ID (VMU Use Only)

Part IV: Business Unit Information

Name of Business Unit:

Business Unit Contact:

E-mail Address:

Phone Number:

Fax Number:

SUBMIT FORM TO NYS OFFICE OF THE STATE COMPTROLLER – VENDOR MANAGEMENT UNIT

Email: VMU@osc.state.ny.us

Fax: (518) 402-4212

Mail: 110 State Street Mail Drop 10-4 Albany, NY 12236-0001

**NYS Office of the State Comptroller
Instructions for Centralized Corporate Customer Request Form**

Business Units will use this form to request a Centralized Corporate Customer in the NYS Centralized Corporate Customer File. All Centralized Customers must be a registered vendor in the New York State Vendor File with a valid Vendor ID. VMU will review all request forms and register all Centralized Customers in the NYS Centralized Corporate Customer File.

Part I: Customer Information

Vendor ID: The New York State Vendor ID is a ten-character number issued by the Vendor Management Unit when the vendor is registered on the vendor file.

Vendor Name: The legal business name of the customer. The customer name must be the same as the vendor name.

Part II: Type of Request

Select the Type of Customer ID Requested: Interagency Customer, Federal Grant or Revenue Customer.

Part III: Assigned Customer ID

Customer ID: The VMU will enter the assigned customer ID.

Part IV: Business Unit Information

Name of Business Unit: Name of Business Unit requesting the Customer ID.

Business Unit Contact: Name of the person at the Business Unit requesting the Customer ID.

E-mail Address: Business Unit Contact's E-mail address

Phone Number: Business Unit Contact's phone number

Fax Number: Business Unit Contact's fax number