



UPDATE VENDOR DEFAULT ADDRESS

Important Notes:

- **This form must be used by the primary contact to update the default address on the vendor record.** Vendors can make changes to non-default addresses through the Vendor Self-Service Portal. Changes requested with this form may not be effective until they are verified.
- Information must be typed or printed neatly. Please refer to instructions on page 2 of this form for more information.

PART I: VENDOR INFORMATION

Vendor ID Number:
(Required)

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Legal Business Name:
(Required)

PART II: TO UPDATE THE DEFAULT ADDRESS

DBA Name (if applicable)

Address Line 1 - Number, Street, Apartment, Suite Number or Rural Route

Address Line 2 - Number, Street, Apartment, Suite Number or Rural Route

City or Town

State or Province

Postal Code

Country (if not USA)

Existing Default Address:

PART III: INDIVIDUAL SUBMITTING THE REQUEST (Must be the current primary contact on the Vendor's record)

Requestor's Name – Printed (Required)

Phone (Required)

Date (Required)

Requestor's Signature (Required)

E-mail (Required)

SUBMIT FORM TO NYS OFFICE OF THE STATE COMPTROLLER – VENDOR MANAGEMENT UNIT
Fax: (518) 473-9533 Email: VENDUPDATE@OSC.STATE.NY.US
Mail: 110 State Street Mail Drop 10-4, Albany, NY 12236-0001

NYS Office of the State Comptroller

Instructions for Add, Update or Delete Vendor Address Form

Part I: Vendor Information

Vendor ID (Required): The NYS Vendor ID is a ten-character identifier issued by New York State when the vendor is registered in the Vendor File.

Legal Business Name (Required): For an individual, enter the name of the person doing business with NYS as it appears on his/her Social Security card or other required Federal tax documents. For an organization, enter the name shown on its charter or other legal documents that created the organization. Do not abbreviate names or use a Doing Business As (DBA) name.

Part II: To Update a Default Address

Address Information: Enter the new address information.

- DBA Name, if applicable
- Address Line 1 - Number, Street, Apartment, Suite Number or Rural Route
- Address Line 2 - Number, Street, Apartment, Suite Number or Rural Route
- Town or City
- State or Province
- Postal Code
- Country (if not USA)

Existing Address: Fill in the existing default address to be changed.

Part III: Individual Submitting Request – All information is required

NOTE: This MUST be the current primary contact on the Vendor's record or the request will not be effective until the request is verified.

Requestor's Name: Name of the person submitting the request

Requestor's Signature: Signature of the person submitting the request

Email Address: Requestor's email address

Phone Number: Requestor's phone number

Date: Date requestor signed form