



# ADD, UPDATE OR DELETE VENDOR ADDRESS

**Important Notes:**

- **This form must be used by the primary contact to (1) update the default address on the vendor record or (2) make changes to non-default addresses if not registered to use the Vendor Self-Service System.** The Vendor Self-Service System allows you to make changes to non-default addresses without submitting this form, enabling faster processing. Changes requested with this form will 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 ADD, UPDATE OR DELETE AN ADDRESS**

**Requested Action:**  
(Required)

- Update Default Address \*
- Update Non-Default Address \*
- Add a Non-Default Address
- Delete Non-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 Address (Required if updating an 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 if available)

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

Fax: (518) 473-9533 Email: [VENDUPDATE@OSC.STATE.NY.US](mailto: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**

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**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 Add, Update or Delete an Address**

**Requested Action (Required):** Check the box which corresponds with the requested action.

**Address Information:** For additions or updates, enter the new address information. For deletions, enter the existing address to be deleted.

- 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:** If an address is being updated, fill in the existing address to be changed.

**Part III: Individual Submitting Request**

**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 (Required):** Name of the person submitting the request

**Requestor's Signature (Required):** Signature of the person submitting the request

**Email Address (Required if available):** Requestor's email address

**Phone Number (Required):** Requestor's phone number

**Date (Required):** Date requestor signed form