



UPDATE OR REPLACE THE PRIMARY VENDOR CONTACT

Important Notes:

- **This form must be used by the primary contact to replace or update the primary contact on the vendor record.** Non-primary contact changes can be made via the Vendor Self-Service Portal. 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: REQUIRED VENDOR INFORMATION

Vendor ID Number:

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Legal Business Name:

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PART II: UPDATE OR REPLACE A PRIMARY VENDOR CONTACT

Check one: ☐ Update Primary Contact ☐ Replace Primary Contact

Contact Name (Required)

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Contact Title

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Contact E-mail Address (Required)

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Contact Phone Number (Required)

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Extension

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Previous Contact (Required if replacing the existing primary contact)

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

Requestor's Name – Printed (Required)

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Phone (Required)

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Date (Required)

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Requestor's Signature (Required)

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E-mail (Required)

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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 Update or Replace the Primary Vendor Contact Form

Part I: Vendor Information

Vendor ID (Required): The NYS Vendor ID is a ten-character identifier issued by the Vendor Management Unit 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: Vendor Contact Information

The individual designated as the primary contact has the ability to:

- **Sign and submit forms to the Vendor Management Unit to update or replace information such as vendor primary contact, default address and legal name**
- **In the Vendor Self-Service Portal**
 - **Add and update information such as contacts, addresses and bank account for direct deposit**
 - **View the status of purchase orders, invoices, and pending payments**
 - **View information about previous payments**
 - **Assign roles to others, granting them various levels of access in the Vendor Self-Service Portal**

Check boxes - Update Primary Contact or Replace Primary Contact (Required): If the primary contact is not changing but pieces of information must be updated (e.g. email address, phone number), check the "Update Primary Contact" box. If the primary contact is changing to a new person, select the "Replace Primary Contact" box.

Contact Name (Required): The name of the contact person at the vendor.

Title: Contact's title

Email Address (Required): Contact's email address

Phone Number (Required): Contact's phone number

Extension: Contact's extension

If Replacing, Previous Contact's Name: Name of old contact who is being replaced by the individual in the contact information boxes.

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