

For Office Use Only
Vendor # _____

NEW VENDOR -- NEW YORK MINUTE

Company Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Vendor Contact: _____

Vendor Service: _____

Account Number: _____

Reference
By Whom: _____

Certificate of Insurance Received Yes _____ No _____
(Please attach)

Approved by: _____
(Accounting Manager, Controller or CFO only)

