



**NEW YORK CITY HOUSING AUTHORITY
VENDOR INFORMATION FORM
PLEASE ANSWER ALL QUESTIONS**



Vendor Name _____

Address _____

City, State, Zip Code _____

E-Mail Address _____

Phone () - Cellular Phone () - Fax () -

Pager () - CV NUMBER FEDERAL TAX NUMBER

- | | | | |
|----------------|-----------------------------------|------------------------------|-----------------------------|
| DO YOU SUPPLY? | 1) LABOR ONLY | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| | 2) MATERIALS ONLY | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| | 3) LABOR AND MATERIALS | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| | 4) ARE YOU INCORPORATED | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| | 5) ARE YOU A GENERAL CONTRACTOR | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| | 6) DO YOU UTILIZE SUB CONTRACTORS | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

EMERGENCY CONTACT PERSON(S) NAME _____

RESPONSIVENESS TO BID REQUESTS WITHIN 24 - 48 HOURS. YES NO

RESPONSIVENESS TO BID REQUESTS WITHIN 48 - 96 HOURS. YES NO

COMPANY SPECIALTIES (TYPE OF WORK YOU DO)

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____

When completed please fax to (718) 707-5950 or mail to:

New York City Housing Authority
Operations Services Department
Small Procurement Unit 4th Floor - Attn: Mitchell Volk
23-02 49th Avenue
Long Island City, NY 11101