



**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 4<sup>th</sup> Floor - Attn: Mitchell Volk  
23-02 49<sup>th</sup> Avenue  
Long Island City, NY 11101