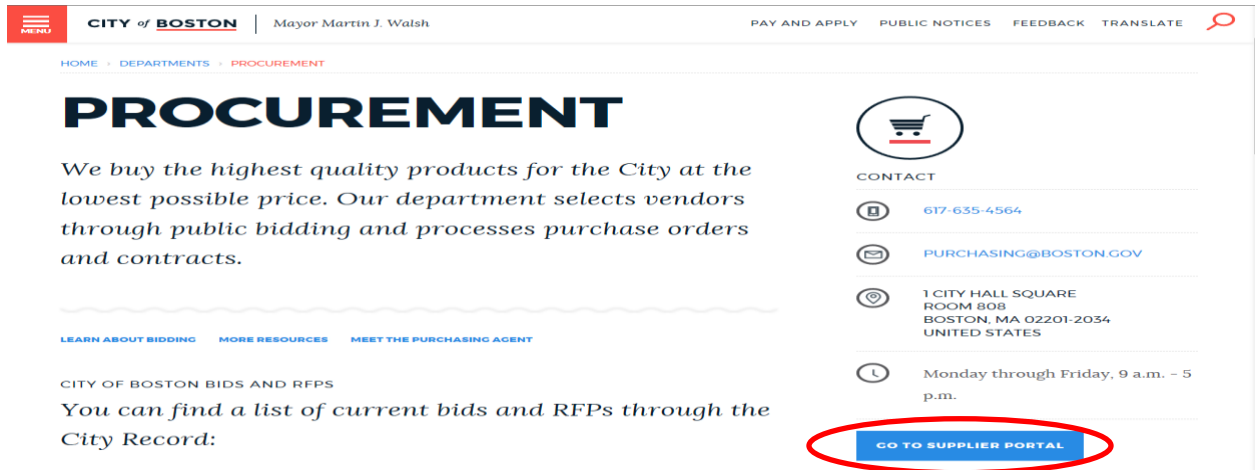


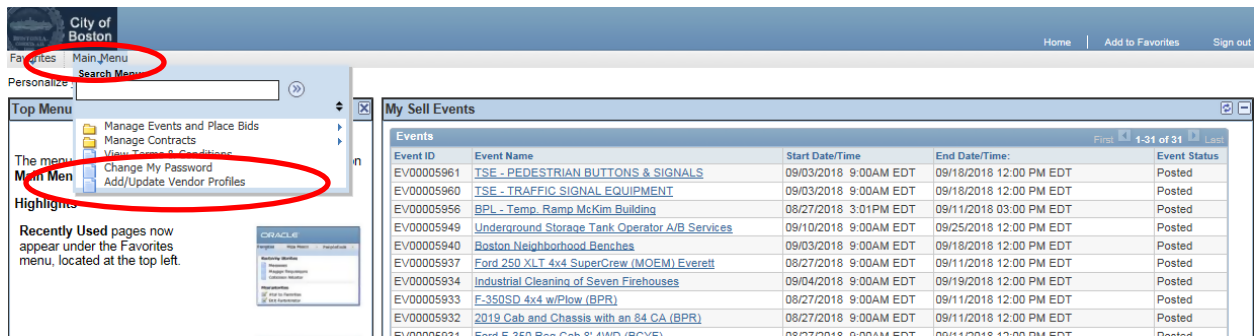
# KI JAN POU W FÈ MIZAJOU NAN ENFÒMASYON KI SOU YON KONT VANDÈ KI DEJA EGZISTE

Byenveni nan Pòtay Founisè Vil Boston an. Pou w pote chanjman oswa fè mizajou nan yon kont vandè ki deja egziste, san wete enskri nan depo dirèk, suiv etap ki vin apre yo.

1. Ale sou sit [boston.gov/procurement](http://boston.gov/procurement) epi klike sou 'Go to Supplier Portal' (Ale nan Pòtay Founisè a).

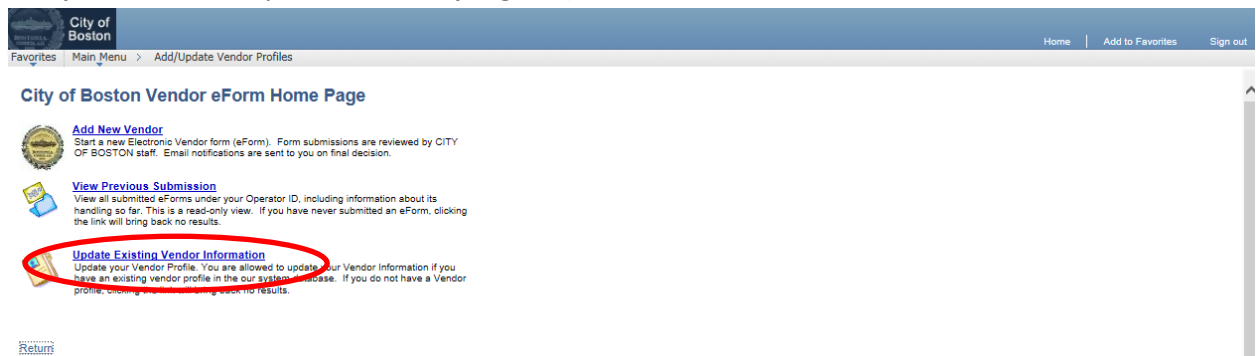


2. Lè w fin konekte, klike sou 'Main Menu' (Meni Prensipal) epi klike sou 'Add/Update Vendor Profiles' (Ajoute/Fè Mizajou nan Pwofil Vandè).



Event ID	Event Name	Start Date/Time	End Date/Time	Event Status
EV00005961	TSE - PEDESTRIAN BUTTONS & SIGNALS	09/03/2018 9:00AM EDT	09/18/2018 12:00 PM EDT	Posted
EV00005960	TSE - TRAFFIC SIGNAL EQUIPMENT	09/03/2018 9:00AM EDT	09/18/2018 12:00 PM EDT	Posted
EV00005956	BPL - Temp. Ramp McKim Building	08/27/2018 3:01PM EDT	09/11/2018 03:00 PM EDT	Posted
EV00005949	Underground Storage Tank Operator A/B Services	09/10/2018 9:00AM EDT	09/25/2018 12:00 PM EDT	Posted
EV00005940	Boston Neighborhood Benches	09/03/2018 9:00AM EDT	09/18/2018 12:00 PM EDT	Posted
EV00005937	Ford 250 XLT 4x4 SuperCrew (MOEM) Everett	08/27/2018 9:00AM EDT	09/11/2018 12:00 PM EDT	Posted
EV00005934	Industrial Cleaning of Seven Firehouses	09/04/2018 9:00AM EDT	09/19/2018 12:00 PM EDT	Posted
EV00005933	F-350SD 4x4 w/Plow (BPR)	08/27/2018 9:00AM EDT	09/11/2018 12:00 PM EDT	Posted
EV00005932	2019 Cab and Chassis with an 84 CA (BPR)	08/27/2018 9:00AM EDT	09/11/2018 12:00 PM EDT	Posted
EV00005931	Ford F-350 Ren Cab 8' 4WD (RCVF)	08/27/2018 9:00AM EDT	09/11/2018 12:00 PM EDT	Posted

3. Pou w pote chanjman nan pwofil vandè w, klike sou 'Update Existing Vendor Information' (Fè Mizajou nan Enfòmasyon Vandè ki Deja Egziste)



4. Fè nenpòt chanjman ki nesèsè nan kont lan nan espas ki apwopriye yo. Klike 'Next' (Suivan).



## Request to become a City of Boston Vendor

Authorized  
by  
**B**

### Step 2 of 7: Vendor Contact Information

Ou pa ka chanje non biznis lan nan sistèm nan. Klike sou lyen 'Update your Business Name' nan (Fè Mizajou nan Non Biznis Ou) pou w jwenn plis enfòmasyon sou sa.

eForm ID 15241

**Vendor Information**

Vendor Name Update your Business name?  
Acme Co

Business Name, if different from above

Taxpayer Identification Number \*\*\*\*\*6985

\*Country USA United States

\*Address 1: 123 Main \*City: Boston \*State: MA \*Postal: 02110

DUNS Number Telephone Fax Number Website http://

Email Paul@acmeco.com

Chanje adrès imèl jeneral la pou kont lan. Se la y ap voye PO yo (Kòmman Acha) si se metòd sa ou chwazi pou resevwa yo (gade pi ba).

**Vendor Classification**

\*Required Field. Please Make A Selection.

Individual / Sole Proprietor  Corporation  Partnership  Other

Ou ka ajoute plis adrès si sa nesèsè lè w klike sou siy '+' la. Espas pou nouvo adrès la pral parèt anba agoch. Ou gendwa bezwen fè yon ti desann pou w ka wè yo.

Type of Contractor

1099 Applicable?

**Additional Classification**

Emerging Small Business  Women-Owned Business  Veteran

Disabled  Individual

**EXISTING ADDRESS**

**ADDRESS 1 ON FILE**

Country USA United States

Address 1: 123 Main

Address 2:

City: South Boston

State: MA Postal: 02110

Select all that apply at this location

Ordering  Invoice  Remitting

**EXISTING ADDRESS 1 ON FILE**

**Vendor Contact(s)**

**EXISTING CONTACT 1 ON FILE**

Type Contract Signer

Name Paul Mack

Title

Phone Ext Phone Type

Fax No.

Email paul@acmeco.com

User ID Acme123

**Purchase Order Distribution Method**

Check Here To Enable Delivery of Purchase Orders through Email. All Contact Email(s) Entered For This Address Location Will Receive the Purchase Order.

Ou ka ajoute plis non moun pou kontakte sou kont lan lè w klike sou siy '+' la isit. Epi, ou ka bay yon ID Itilizatè ki deja sou kont lan dwa pou l siyen kontra. Klike sou bouton 'Contract Signer' info a (Enfòmasyon sou zafè siyen kontra) pou w jwenn plis detay.

Mete yon tchèk nan kare sa a pou w resevwa PO pa mwayen imèl olye de kourye lapòs. Mete adrès imèl anlè paj la anba espas 'DUNS Number' a.

<< Previous **Next >>**

5. Pou yo peye w pi rapid, ranpli pati enfòmasyon sou depo dirèk la (A.C.H., Chanm Konpansasyon Otorize). Lè tout enfòmasyon an fin ranpli, klike sou 'Click to Sign' (Klike pou Siyen) epi klike 'Next'.

(Si w pito resevwa yon chèk papyè pa mwayen kourye lapòs, ou gendwa anile depo dirèk lè w mete yon tchèk nan kare 'Direct Deposit Opt Out' la (Anile Depo Dirèk) ki anba agoch ekran an, apre sa klike 'Next'.)

**City of Boston** Welcome Paul Mack to the City of Boston Supplier Portal

Authorized by **B**

### Request to become a City of Boston Vendor

Step 3 of 7: ACH Enrollment for Direct Deposit

**DIRECT DEPOSIT ENROLLMENT**

Previous Next

PAYMENT TYPE DIRECT DEPOSIT  
DIRECT DEPOSIT NEW ENROLLMENT STATUS

**Direct Deposit Form**

CITY OF BOSTON  
TREASURY DEPARTMENT  
ACH VENDOR/MISCELLANEOUS PAYMENT  
ENROLLMENT FORM

This form is used for Automated Clearing House (ACH) payments with an addendum record that contains payment-related information processed through the Vendor Express Program. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion.

**Privacy Act Statement**

The following information is provide to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U. S. C. 3322 and CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

**Financial Institution Information**

\*Bank Name  \*Address  \*City  \*State  \*Postal Code

\*Bank Account Type  \*Routing Number  \*Bank Account Number  Phone  Phone Extension

**Direct Deposit Payment Notification**

\*Email ID

**Signature**


I hereby authorize the City of Boston's Treasurer's Office to ACH all payments due me at the financial institution indicated above. The City of Boston Treasurer is authorized to debit my account or to adjust any over deposit made to my account. I will not hold my bank liable for any erroneous deposits or adjustments made by the City of Boston Treasurer. This authorization may be cancelled by the City Treasurer at any time or by an Authorized Official of above agency.

DIRECT DEPOSIT OPT OUT?

Click to Sign

<< Previous Next >>

6. Egzamine enfòmasyon sou Sètifika W-9 la. Pou w kontinye, klike bouton 'Click Here to Acknowledge' la (Klike Isit pou Aksepte) epi klike 'Next'. Si atik #2 pa aplikab pou ou, mete yon tchèk nan kare a jan sa endike.

City of Boston PaulMack on PSFNSP2  
Favorites | Main Menu > Department Self Service > COB Vendor eform  
Request to become a City of Boston Vendor   
Step 4 of 7: W-9 Certification

**W-9 Certification**


Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

Check Here to Cross Out Item 2, if applicable

7. Mete yon tchèk nan kare a pou konfime ni ou menm ni òganizasyon ou reprezante a pa entèdi pou n fè afè ak Vil Boston an. Klike 'Next'.

City of Boston PaulMack on PSFNSP2  
Favorites | Main Menu > Department Self Service > COB Vendor eform  
Request to become a City of Boston Vendor   
Step 5 of 7: SAM Certification

The City of Boston will not enter into a business relationship with persons or entities currently debarred or suspended from procurement by the federal or state government or the City of Boston.

**By checking this box, I certify that the person or entity identified as the Vendor on this eForm is not debarred, suspended, proposed for debarment, or otherwise declared ineligible from doing business with the federal or state government or the City of Boston, and that such person or entity is not listed as a debarred or excluded party under the federal government's System for Award Management (<http://www.sam.gov>) or the Commonwealth of Massachusetts' Debarment lists (<http://www.mass.gov/anf/budget-taxes-and-procurement/procurement-info-and-res/conduct-a-procurement/procurement-considerations/vendor-debarment.html>)**

8. Egzamine paj rezime a pou w wè si l egzak epi klike 'Submit' (Depoze).

City of Boston Welcome Paul Mack to the City of Boston Supplier Portal

Favorites Main Menu > Add/Update Vendor Profiles

Request to become a City of Boston Vendor

Authorized by **B**

Step 6 of 7: Summary and Submission Page

**Vendor Information**

Vendor Name Update your Business name? Acme Co Taxpayer Identification Number \*\*\*\*\*6985

Business Name, if different from above Country USA United States

Address 1: 123 Main City: South Boston State: MA Postal: 02110

DUNS Number Telephone Fax Number Website http://

Email paul@acmecocom

**Vendor Classification**

\*Required Field. Please Make A Selection.

Individual / Sole Proprietor  Corporation  Partnership  Other

Type of Contractor 1099 Applicable? .....

**Additional Classification**

Emerging Small Business  Women-Owned Business  Veteran

Disabled  Individual

**EXISTING ADDRESS**

**ADDRESS 1 ON FILE**

Country USA United States

Address 1: 123 Main

Address 2:

City: Boston

State: MA Postal: 02110


Select all that apply at this location

Ordering  Invoice  Remitting

**EXISTING ADDRESS 1 ON FILE**

**Vendor Contact(s)**

**EXISTING CONTACT 1 ON FILE**

Type Contract Signer  Contract Signer

Name Paul Mack

Title President

Phone 617-555-1000 Ext Phone Type

Fax No.

Email paul.mccormack@boston.gov

User ID Acme123

To add an additional location, click the **+** on the right margin of the form.

To remove this location, click the **-** on the right margin of the form

**Purchase Order Distribution Method**

Check Here To Enable Delivery of Purchase Orders through Email. All Contact Email(s) Entered For This Address Location Will Receive the Purchase Order.

**W9 and SAM certifications**

ENROLL IN ACH

Check Here to Cross Item 2 if applicable

SAM Certification

Electronically signed 2019-09-12 09:19:22 by **PaulMack** User ID Sepam020

**File Attachments**

Customize | Find | First 1 of 1 Last

Upload	View	Description	Attachment Id
1 <input type="button" value="Upload"/>	<input type="button" value="View"/>		<input type="button" value="Delete"/>

**Comments**

Your Comment:

Comment History:

<< Previous **Submit**

9. Y ap voye Fòmile Elektwonik ou a bay depatman verifikasyon nou an pou yo egzamine l. Lè yo apwouve l, y ap anonse w sa pa mwayen yon imèl ki fè w konnen chanjman yo fin fèt.



The screenshot shows a web page from the City of Boston. At the top left is the City of Boston logo. To its right, the text reads "City of Boston PaulMack on PSFNSP2". Below this is a navigation bar with links for "Favorites", "Main Menu", "Department Self Service", and "COB Vendor eform". The main heading is "Request to become a City of Boston Vendor" with "Authorized by" and a large blue letter "B" to its right. Below the heading is a sub-heading: "Step 7 of 7: eForm Successfully Submitted". The form details are listed as follows: "Operator ID: Acme123", "Operator ID Description: PaulMack", "Form Submission Date: Monday at 02:24 PM September 10, 2018", "Form Submission Type: Update to Vendor Profile - Vendor ID: 0000089168", and "Form Status: Pending". A message follows: "Thank you. Your eForm is complete and submitted. City of Boston Staff will review your form and notify you of the status." At the bottom left is a link "View This Form" and at the bottom right is a button labeled "Return to eForm Home Page".

City of Boston PaulMack on PSFNSP2

Favorites Main Menu > Department Self Service > COB Vendor eform

Request to become a City of Boston Vendor Authorized by  
**B**

Step 7 of 7: eForm Successfully Submitted

Operator ID: Acme123  
Operator ID Description: PaulMack  
Form Submission Date: Monday at 02:24 PM September 10, 2018  
Form Submission Type: Update to Vendor Profile - Vendor ID: 0000089168  
Form Status: Pending

Thank you. Your eForm is complete and submitted. City of Boston Staff will review your form and notify you of the status.

[View This Form](#) Return to eForm Home Page

Si w gen nenpòt kesyon, tanpri, mete w alèz pou w kontakte sipò pòtay founisè a nan 617-635-4564. Oubyen tou, ou ka kontakte nou pa mwayen imèl nan [vendor.questions@boston.gov](mailto:vendor.questions@boston.gov)

Mèsi dèske w ap itilize pòtay founisè a!