

ACTUALIZACIÓN DE INFORMACIÓN DE CUENTA DE PROVEEDOR EXISTENTE

Bienvenido al Portal de Proveedores de la Ciudad de Boston. Para realizar cambios, actualizar información en una cuenta de proveedor existente, incluyendo optar por depósitos directos, siga los siguientes pasos.

1. Navegue hasta el sitio boston.gov/procurement, oprima el enlace 'Go to Supplier Portal' (Ir al Portal de Proveedores).

CITY of BOSTON | Mayor Martin J. Walsh

PAY AND APPLY PUBLIC NOTICES FEEDBACK TRANSLATE

HOME DEPARTMENTS PROCUREMENT

PROCUREMENT

We buy the highest quality products for the City at the lowest possible price. Our department selects vendors through public bidding and processes purchase orders and contracts.

LEARN ABOUT BIDDING MORE RESOURCES MEET THE PURCHASING AGENT

CITY OF BOSTON BIDS AND RFPS
You can find a list of current bids and RFPS through the City Record:

CONTACT

617-635-4564

PURCHASING@BOSTON.GOV

1 CITY HALL SQUARE
ROOM 808
BOSTON, MA 02201-2034
UNITED STATES

Monday through Friday, 9 a.m. - 5 p.m.

GO TO SUPPLIER PORTAL

2. Una vez que haya iniciado sesión, oprima 'Main Menu' (Menú Principal) y luego oprima 'Add/Update Provider Profiles' (Añadir/Actualizar Perfiles de Proveedor).

City of Boston

Home Add to Favorites Sign out

Search Menu

Top Menu

- Manage Events and Place Bids
- Manage Contracts
- View Terms & Conditions
- Change My Password
- Add/Update Vendor Profiles**

Recently Used pages now appear under the Favorites menu, located at the top left.

My Sell Events

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 R' 4WD (RCVF)	08/27/2018 9:00AM EDT	09/11/2018 12:00 PM EDT	Posted

3. Para hacer cambios en su perfil de proveedor, prima **'Update Existing Provider Information' (Actualizar Información de Proveedor Existente)**.

City of Boston

Home | Add to Favorites | Sign out

Favorites | Main Menu > Add/Update Vendor Profiles

City of Boston Vendor eForm Home Page

Add New Vendor
Start a new Electronic Vendor form (eForm). Form submissions are reviewed by CITY OF BOSTON staff. Email notifications are sent to you on final decision.

View Previous Submission
View all submitted eForms under your Operator ID, including information about its handling so far. This is a read-only view. If you have never submitted an eForm, clicking the link will bring back no results.

Update Existing Vendor Information
Update your Vendor Profile. You are allowed to update your Vendor Information if you have an existing vendor profile in the our system database. If you do not have a Vendor Profile, clicking the link will bring back no results.

[Return](#)

4. Haga cualquier cambio necesario a la cuenta, en los campos apropiados. Oprima 'Next' (Siguiete).



Request to become a City of Boston Vendor

Authorized by **B**

Step 2 of 7: Vendor Contact Information

Usted no puede alterar el nombre de su negocio en el sistema. Oprima 'Update your Business Name' (Actualizar su Nombre de Negocio) para más información.

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@acmecom

Actualice la dirección de correo electrónico general de la cuenta. Aquí se enviarán las Órdenes de Compra si se elige este método de envío (ver a continuación).

Vendor Classification

*Required Field. Please Make A Selection.

Individual / Sole Proprietor Corporation Partnership Other

Type of Contractor

Usted puede añadir direcciones adicionales, de ser necesario, oprimiendo el signo de '+' aquí. Los campos para nuevas direcciones aparecerán en la parte inferior izquierda. Es posible que usted deba desplazar un poco la página hacia abajo para verlos.

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

Vendor Contact(s)

EXISTING CONTACT 1 ON FILE

Type Contract Signer

Name Paul Mack

Title

Phone Ext Phone Type

Fax No.

Email paul@acmecom

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.

Usted puede añadir nombres adicionales de contacto a la cuenta, oprimiendo el signo '+' aquí. También puede hacer que una Identificación de Usuario en la cuenta pueda firmar contratos. Oprima el botón de información de 'Contract Signer' (Firmante de Contratos) para más detalles.

Marque esta casilla para recibir las Órdenes de Compra por correo electrónico en lugar de por correo regular. Introduzca una dirección de correo electrónico en la parte superior de la pantalla, debajo del campo de Número DUNS.

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- Para pagos más rápidos, complete la información de depósito directo (Cámara de Compensación Automatizada, A.C.H). Cuando haya completado toda la información, oprima **'Click to Sign' (Oprima para Firmar)** y luego oprima **'Next' (Siguiente)**.

*(Si usted prefiere recibir un cheque en físico por medio del Correo de los Estados Unidos, puede optar por no recibir depósitos directos, marcando la casilla de **'Direct Deposit Opt Out' (Optar para no recibir Depósitos Directos)** en la parte inferior izquierda de la pantalla, luego, oprima **'Next' (Siguiente)**).*

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 Authored by
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Step 3 of 7: ACH Enrollment for Direct Deposit

DIRECT DEPOSIT ENROLLMENT

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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. Revise la Información de Certificación W-9. Para continuar, oprima el botón de **‘Click here to acknowledge’ (Oprima Aquí para acusar de recibo)** y luego oprima **‘Next’ (Siguiente)**. *Si el artículo 2 no aplica, marque la casilla según se indica.*

City of Boston PaulMack on PSFNSP2

Favorites | Main Menu > Department Self Service > COB Vendor eform

Request to become a City of Boston Vendor Authored by B

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

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7. Marque la casilla para confirmar que ni usted, ni la organización que representa, tienen prohibiciones de hacer negocios con la Ciudad de Boston. Oprima **‘Next’ (Siguiente)**.

City of Boston PaulMack on PSFNSP2

Favorites | Main Menu > Department Self Service > COB Vendor eform

Request to become a City of Boston Vendor Authored by B

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>)

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8. Revise la página de resumen para verificar la precisión de la información, y oprima 'Submit' (Enviar)

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 Acme Co	<small>Update your Business name?</small>	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@acmeco.com			

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

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

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.

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.

W9 and SAM certifications

ENROLL IN ACH
 Check Here to Cross Item 2 if applicable
 SAM Certification

Electronically signed 2019-09-12 09:18:22 by **PaulMack**
User ID Sepam2art0

File Attachments


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

Comments

Your Comment:

Comment History:

9. Su formulario de proveedor será enviado para su revisión por parte del departamento de auditoría. Una vez aprobado, usted será notificado por correo electrónico de que sus cambios han sido procesados.

 **City of Boston** **PaulMack on PSFNSP2**

[Favorites](#) [Main Menu](#) > [Department Self Service](#) > [COB Vendor eform](#)

Request to become a City of Boston Vendor Authored 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 usted tiene cualquier pregunta, por favor no dude en contactar al soporte de nuestro portal de proveedores, al 617-635-4564. También puede contactarnos por correo electrónico a vendor.questions@boston.gov

¡Gracias por utilizar el Portal de Proveedores!