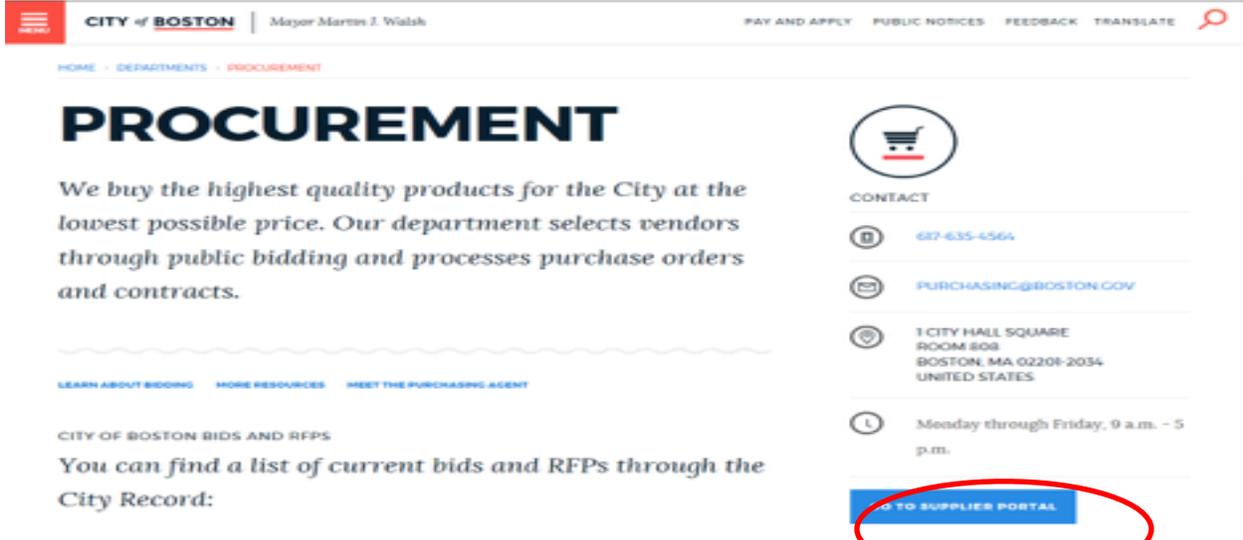


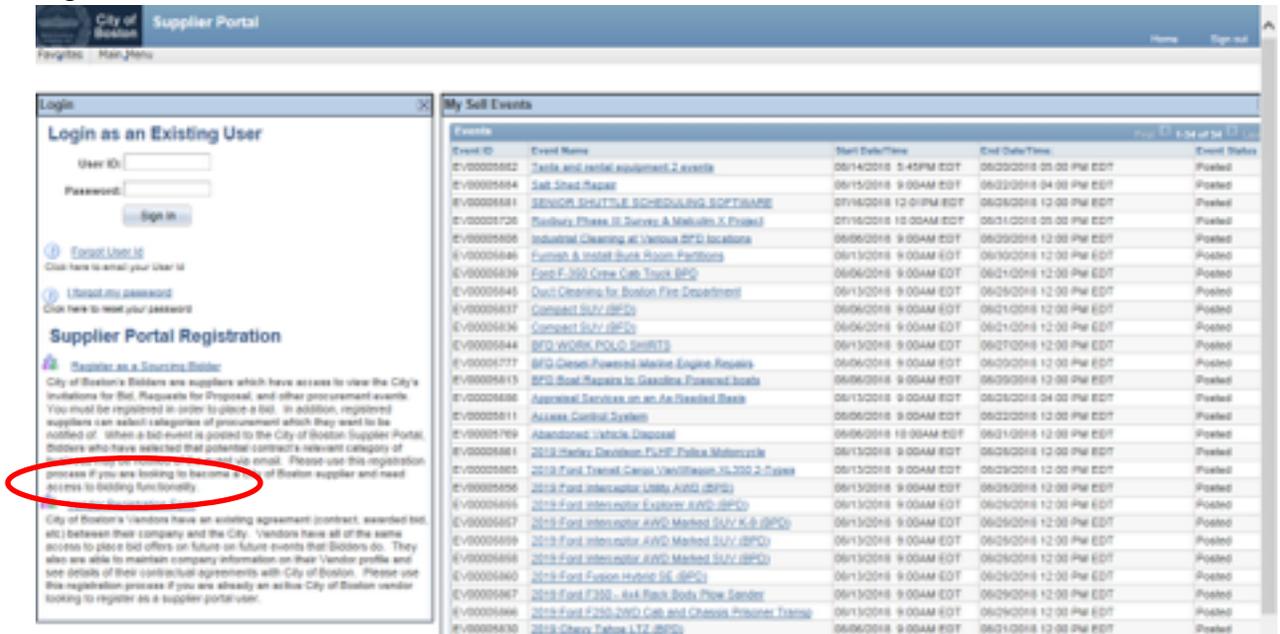
# CREAR UNA NUEVA CUENTA DE PROVEEDOR

Bienvenido al Portal de Proveedores de la Ciudad de Boston. Para aplicar para un número de identificación de proveedor de la Ciudad de Boston, por favor siga los siguientes pasos.

1. Abra su navegador de internet e introduzca [www.boston.gov/procurement](http://www.boston.gov/procurement), luego, oprima 'Go to Supplier Portal' (Ir al Portal de Proveedores)

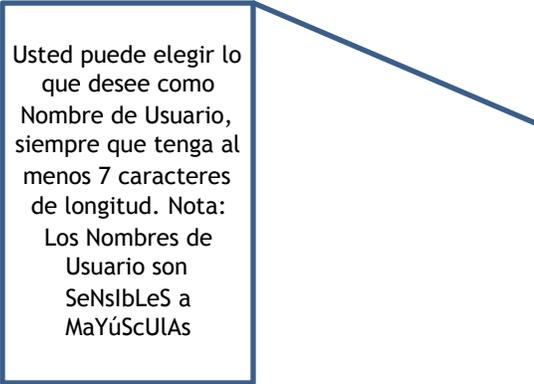


2. Oprima el enlace de 'Vendor Registration Form' (Formulario de Registro de Proveedores) cerca de la parte inferior izquierda, para comenzar con el proceso de registro.



3. Primero, usted debe configurar una cuenta de usuario. Se muestra el formulario de “Create a Vendor User Account” (Creación de Cuenta de Usuario de Proveedor). Complete todos los campos requeridos, (marcados con un \*) y oprima “Submit” (Enviar).

- Deje vacío el campo de Identificación de Proveedor.
- Si la persona que realiza el registro tiene la autoridad de firmar contratos, marque la casilla que así lo indica. Esto brindará a la Identificación de Usuario ciertos permisos en el sistema, que permitirán a la Ciudad de Boston enviar a este usuario contratos para su firma electrónica. También permitirá al usuario acceder, firmar



Usted puede elegir lo que desee como Nombre de Usuario, siempre que tenga al menos 7 caracteres de longitud. Nota: Los Nombres de Usuario son SeNsIbLeS a MaYúScUlAs

electrónicamente y cargar contratos en el sistema para la Ciudad de Boston.

 City of Boston  
Favorites Main Menu

### Create a Vendor User Account

1) New Vendors: Register a user account and then log in to complete the Vendor Eform

2) Existing Vendors: Register a user account and reference your 10 digit City of Boston Vendor ID below

\*First Name:

\*Last Name:

\*Email:

\*Tax Identification No:  9-digit number assigned by IRS, no spaces/dashes

City of Boston Vendor ID:  10-digit number assigned by City. Existing Vendors Only

Check if you are authorized to sign & execute contracts for this company

\*Enter User ID:  User ID must be a minimum of 7 characters

\*Password:

\*Confirm Password:

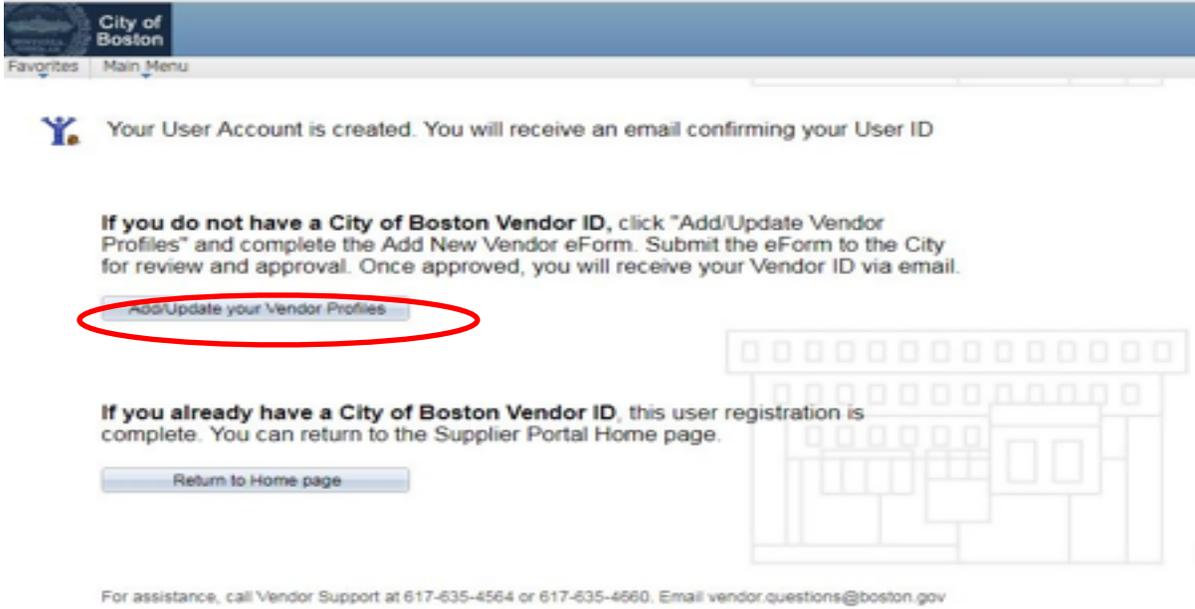
Your Password must:  
-Be at least 8 characters in length  
-Contain at least 1 upper case letter and 1 lower case letter  
-Contain at least 1 number (0-9)  
-Contain at least 1 special character

\*Security Question:

\*Response:

\* Required Field

- Ahora, usted creará un perfil de Proveedor. Oprima 'Add/Update your Vendor Profile' (Añadir/Actualizar su Perfil de Proveedor).



5. Oprima ‘Add New Vendor’ (Añadir un Nuevo Proveedor)



6. Seleccione Individual (Individuo) o Business (Negocio), y oprima ‘Next’ (Siguiete)



7. Complete todos los campos requeridos. Sólo los campos marcados con un asterisco \* son requeridos. Oprima ‘Next’ (Siguiete)

- Se recomienda una dirección de correo electrónico general de la compañía, aunque no es obligatoria.
- En el área de “NEW ADDRESS” (NUEVA DIRECCIÓN), marque la casilla o casillas que apliquen para dicha dirección.

City of Boston  
 Favorites Main Menu > Add/Update Vendor Profiles

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

Step 2 of 7: Vendor Contact Information

eForm ID: 15235

**Vendor Information**

\*Vendor Name: \_\_\_\_\_ Taxpayer Identification Number: \*\*\*\*\*6787  
 Business Name, if different from above: \_\_\_\_\_ \*Country: USA United States  
 \*Address 1: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Postal: \_\_\_\_\_  
 DUNS Number: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Website: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Vendor Classification**

\*Required Field. Please Make A Selection.  
 Individual / Sole Proprietor  Corporation  Partnership  Other \_\_\_\_\_

Type of Contractor: \_\_\_\_\_ 1099 Withholding Class: \_\_\_\_\_

**Additional Classification**

Emerging Small Business  Women-Owned Business  Veteran  
 Disabled  Individual

**NEW ADDRESS**

Select all that apply at this location  
 Ordering  Invoice  Remitting

Country: USA United States  
 Address 1: \_\_\_\_\_  
 Address 2: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Postal: \_\_\_\_\_

**Vendor Contact(s)**

**NEW CONTACT**

Type: Contract Signer  
 Name: Trevor Williams  
 Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Phone Ty: \_\_\_\_\_  
 Fax No.: \_\_\_\_\_  
 Email: trevone@acmec.com  
 User ID: Twilliams1

**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

<< Previous **Next >>**

Si usted optó por recibir Órdenes de Compra por correo electrónico (vea la casilla siguiente) esta es la dirección de correo electrónico a la que se enviarán esos correos.

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

Usted puede añadir nombres adicionales de contacto a la cuenta, oprimiendo el signo “+” aquí.

Una vez que usted marque la casilla de ‘Ordering’ (Órdenes) aparecerá la casilla de ‘Purchase Order Dispatch’ (Método de Despacho de Órdenes de Compra). Por favor marque esta casilla para recibir Órdenes de Compra por correo electrónico (recomendado). Las Órdenes de Compra son enviadas a la dirección de correo electrónico en la casilla de Información de Proveedor, en la parte superior de la

8. 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 por no recibir Depósitos Directos) en la parte inferior izquierda de la pantalla).*

City of Boston  
Favorites Main Menu > Add/Update Vendor Profiles

## Request to become a City of Boston Vendor

Authorized by **B**

### 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 >>

9. 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  
Favorites | Main Menu > Add/Update Vendor Profiles

## 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

[CLICK HERE TO ACKNOWLEDGE](#)

[<< Previous](#) [Next >>](#)

10. 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 P\$FN\$P2  
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/condct-a-procurement/procurement-considerations/vendor-debarment.html>)

[<< Previous](#) [Next](#)

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

City of Boston  
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 Inc	Taxpayer Identification Number ***-**-7117		
Business Name, if different from above	Country USA United States		
Address 1: 123 Main	City: Boston	State: MA	Postal: 02127
DUNS Number	Telephone 617/555-1234	Fax Number	Website
Email trevor@acmecb.com			

**Vendor Classification**  
\*Required Field. Please Make A Selection.  
 Individual / Sole Proprietor  Corporation  Partnership  Other

Type of Contractor

**Additional Classification**

Emerging Small Business  Women-Owned Business  Veteran  
 Disabled  Individual

**NEW ADDRESS**

Select all that apply at this location  
 Ordering  Invoice  Billing

Country: USA United States  
Address 1: 123 Main  
Address 2:  
City: Boston  
State: MA Postal: 02127

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.

**Vendor Contact**

**NEW CONTACT**  
Type: Contract Signer

Name: Trevor Williams  
Title:  
Phone: Ext: Phone Type:  
Fax No:  
Email: trevor@acmecb.com  
User ID: TWilliams1

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

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

**File Attachments**

Upload	View	Description	Attachment
1	Upload		View Delete

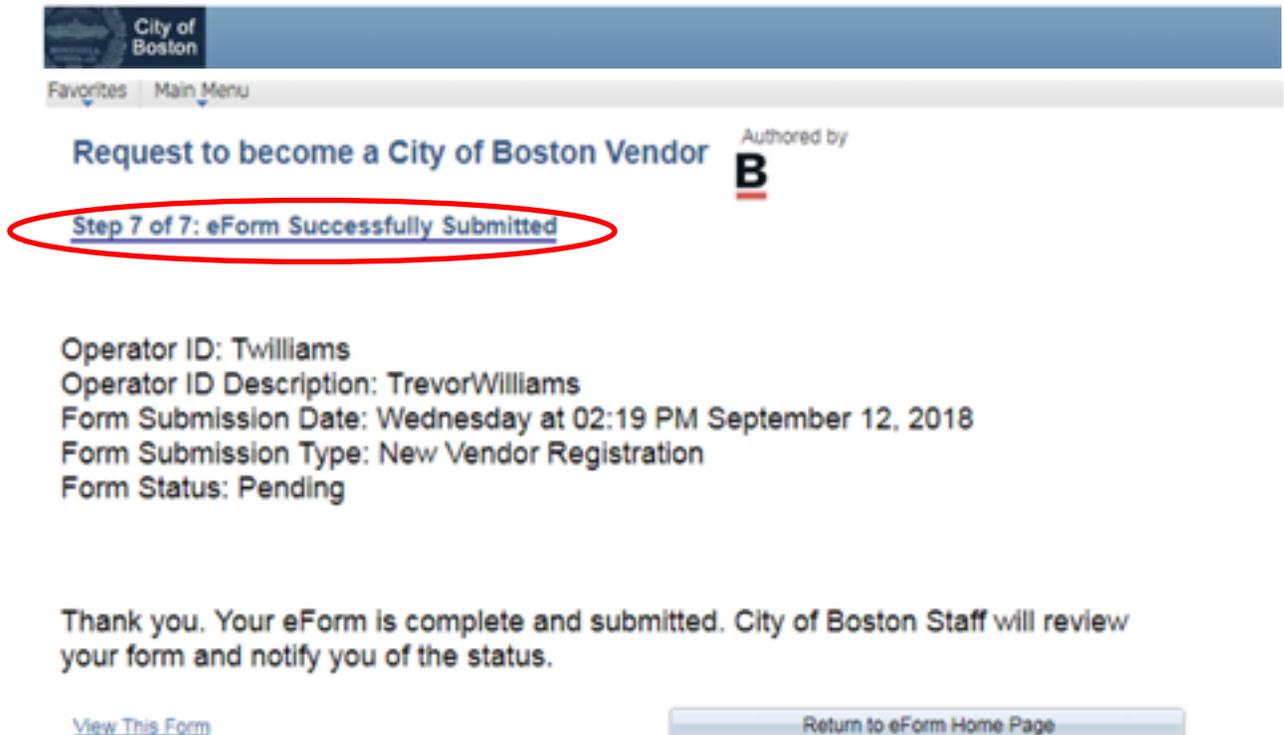
Add File Attachment

**Comments**

Your Comment:  
Comment History:

== Previous **Submit**

12. Su formulario de proveedor será enviado para su revisión por parte del departamento de auditoría. Una vez aprobado, usted recibirá su Identificación de Proveedor por correo electrónico.



The screenshot shows the City of Boston Vendor Registration portal. At the top, there is a blue header with the City of Boston logo and the text "City of Boston". Below the header, there are links for "Favorites" and "Main Menu". The main content area features the title "Request to become a City of Boston Vendor" and a sub-header "Step 7 of 7: eForm Successfully Submitted" which is circled in red. To the right of the title, it says "Authorized by" followed by a large blue letter "B". Below the title, the following information is displayed: "Operator ID: Twilliams", "Operator ID Description: TrevorWilliams", "Form Submission Date: Wednesday at 02:19 PM September 12, 2018", "Form Submission Type: New Vendor Registration", and "Form Status: Pending". A thank you 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, there are two buttons: "View This Form" and "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. Usted también puede contactarnos por correo electrónico a [vendor.questions@boston.gov](mailto:vendor.questions@boston.gov).

¡Gracias por utilizar el Portal de Proveedores de la Ciudad de Boston!