

NEW VENDOR FORM

TE: \_\_\_\_\_

DEPARTMENT NAME: \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_

VENDOR INFORMATION:

VENDOR NAME: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

CONTACT FAX: \_\_\_\_\_

CONTACT E-MAIL: \_\_\_\_\_

VENDOR WEBSITE: \_\_\_\_\_

VENDOR ADDRESS (PURCHASE ORDER): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

DEBIT ADDRESS (CHECKS): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

PURCHASE ORDERS FOR NEW VENDORS WILL NOT BE PROCESSED UNTIL THE FOLLOWING  
ITEMS ARE COMPLETED:

1. W-9 FORM IS FILLED OUT AND SIGNED BY THE VENDOR. YOU MUST ATTACH THE COMPLETED W-9 TO THIS FORM AND SUBMIT THE COMPLETED PACKET TO THE FINANCE DEPARTMENT.
2. THE VENDOR MUST PROVIDE A BUSINESS REGISTRATION CERTIFICATE ISSUED BY THE STATE OF THE NEW JERSEY. YOU MUST ATTACH THE CERTIFICATE TO THIS FORM AND SUBMIT IT TO THE FINANCE DEPARTMENT.

PLEASE PROVIDE ALL NEW VENDORS WITH A COPY OF THE SALES TAX EXEMPT LETTER FROM THE STATE OF NEW JERSEY

PLEASE ATTACH ANY OTHER DOCUMENTATION TO THIS FORM.

PLEASE FAX THIS FORM BACK TO MAGRETTA MORGAN AT 908-241-9144. IF YOU HAVE ANY QUESTIONS  
PLEASE CALL 908-259-3026