

**NEW VENDOR INFORMATION FORM**

VENDOR NAME:		FEDERAL IDENTIFICATION NO. (FEIN)	
STREET ADDRESS:		CITY:	
STATE:	ZIP:	EMAIL:	
TEL/EXT #:	/	FAX #:	
VENDOR CONTACT/AUTHORIZED REP NAME:			
PRINT NAME:		SIGNATURE:	
TEL #:	FAX #:	EMAIL:	
<b>PAYMENT/REMITTANCE ADDRESS:</b>			
NAME:		ATTN TO:	
ADDRESS:			
CITY:		STATE:	
ZIP:			
TEL #:	FAX #:	EMAIL:	
DESCRIPTION OF GOODS/SERVICES TO BE RENDERED:			Are you related to any City Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No
			ARE you employed by the City of Jersey City? <input type="checkbox"/> Yes <input type="checkbox"/> No
			Form 1099 Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
EEO/AFFIRMATIVE ACTION (Please select):			
<input type="checkbox"/> LGBT <input type="checkbox"/> Veteran <input type="checkbox"/> Caucasian/White <input type="checkbox"/> African American/Black <input type="checkbox"/> Disabled <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Small Business <input type="checkbox"/> Asian/Pacific Islands <input type="checkbox"/> Women-Owned <input type="checkbox"/> Native American/Indian			
NON-PROFIT? <input type="checkbox"/> Yes (include non-profit certification) <input type="checkbox"/> No			
PLEASE SELECT IF ACTIVELY PARTICIPATING IN ANY CONTRACTS BELOW			
<input type="checkbox"/> State Contract	<input type="checkbox"/> GSA	<input type="checkbox"/> US Communities	<input type="checkbox"/> NIPA
<input type="checkbox"/> HGAC-Buy	<input type="checkbox"/> TCPN	<input type="checkbox"/> NJPA	<input type="checkbox"/> MRESC
<input type="checkbox"/> KPN	<input type="checkbox"/> WSCA/NASPO	<input type="checkbox"/> Other	Contract # _____
CITY EMPLOYEE REQUESTING VENDOR NUMBER:			
PRINT NAME:		SIGNATURE:	
EXT.:			
<b>PURCHASING DIVISION USE ONLY</b>			
VENDOR NO. ISSUED BY:		TITLE:	
DATE:			
VENDOR NUMBER ASSIGNED:			BRC No.

(W9 FORM & BUSINESS REGISTRATION CERTIFICATE  
MUST BE INCLUDED WITH THIS FORM)