

Vendor Information Form

1000 Morris Ave, Union, NJ 07083-0411 Phone: 908-737-5050 Fax: 908-737-5055

Email: procurement@kean.edu

If you are interested in being added to our Registered Vendor List, you must return the completed form to procurement@kean.edu, together with your New Jersey Business Registration Certificate and signed Form W-9.

Address: Contact Name: Email Address: Employee Identification No.: Employees: Coross Annual Sales (Prior Tax Year): S Mailing Address for POs: Mailing Address for Payments: Billing Contact Name: Legal Entity Type (check all that apply): Corporation Corporation Partnership Corporation Corporation Partnership Sole Proprietor Non-Profit Majority Business Ownership (TYPE): WBE SBE MBE Cother Cother	company rame.	
Contact Name: Title: Email Address: Website: Employee Identification No.: Sole Proprietor SS#: No. of Employees: Gross Annual Sales (Prior Tax Year): \$ Mailing Address for POs: Mailing Address for Payments: Billing Contact Name: Email: Legal Entity Type (check all that apply): Sole Proprietor Partnership Type of Business: (Check One) Corporation Partnership Sole Proprietor Non-Profit Majority Business Ownership (TYPE): WBE VOB OTHER WBE OTHER MBE Ethnicity (Optional):	D/B/A Name:	
Email Address:	Address:	
Employee Identification No.: Sole Proprietor SS#: No. of Employees: Gross Annual Sales (Prior Tax Year): \$ Mailing Address for POs: Mailing Address for Payments: Email: Email: Legal Entity Type (check all that apply): Sole Proprietor Partnership		
Mailing Address for POs:	Email Address:	Website:
Mailing Address for POs:	Employee Identification No.:	Sole Proprietor SS#:
Mailing Address for Payments: Billing Contact Name: Legal Entity Type (check all that apply): Sole Proprietor Corporation Type of Business: (Check One) Corporation Partnership Sole Proprietor Non-Profit Majority Business Ownership (TYPE): WBE SBE OTHER MBE Ethnicity (Optional): Email: Partnership Sole Proprietor Non-Profit VOB SBE OTHER TOTHER MBE	No. of Employees:	Gross Annual Sales (Prior Tax Year): \$
Mailing Address for Payments: Billing Contact Name: Legal Entity Type (check all that apply): Sole Proprietor Corporation Type of Business: (Check One) Corporation Partnership Sole Proprietor Non-Profit Majority Business Ownership (TYPE): WBE SBE OTHER MBE Ethnicity (Optional): Email: Partnership Sole Proprietor Non-Profit VOB SBE OTHER TOTHER MBE	Molling Address for DOs	
Billing Contact Name: Email: Legal Entity Type (check all that apply): Sole Proprietor Partnership Corporation Nonprofit Type of Business: (Check One) Corporation Partnership Sole Proprietor Non-Profit Majority Business Ownership (TYPE): WBE VOB SBE OTHER MBE Ethnicity (Optional):		
Legal Entity Type (check all that apply):Sole ProprietorPartnership	Mailing Address for Payments:	
CorporationNonprofit Type of Business: (Check One) Corporation Partnership Sole Proprietor Non-Profit Majority Business Ownership (TYPE): WBE VOBSBE OTHERMBE Ethnicity (Optional):	Billing Contact Name:	Email:
Type of Business: (Check One) CorporationPartnershipSole ProprietorNon-Profit Majority Business Ownership (TYPE): WBEVOBSBEOTHERMBE Ethnicity (Optional):		
Majority Business Ownership (TYPE): WBE	Legal Entity Type (check all that ap	pply):Sole ProprietorPartnership
WBEVOBSBEOTHER MBE Ethnicity (Optional):		oply):Sole ProprietorPartnership CorporationNonprofit
SBE OTHER MBE Ethnicity (Optional):	Type of Business: (Check One)	Corporation Nonprofit
MBE Ethnicity (Optional):	Type of Business: (Check One)Corporation	Corporation Nonprofit Partnership Sole Proprietor Non-Profit
Ethnicity (Optional):	Type of Business: (Check One) Corporation Majority Business Ownership (TYF	Corporation Nonprofit Partnership Sole Proprietor Non-Profit PE):
	Type of Business: (Check One) Corporation Majority Business Ownership (TYF WBE SBE	Corporation Nonprofit Partnership Sole Proprietor Non-Profit PE): VOB
Briefly describe your product and/or services:	Type of Business: (Check One) Corporation Majority Business Ownership (TYF WBE SBE	Corporation Nonprofit Partnership Sole Proprietor Non-Profit PE): VOB
	Type of Business: (Check One) Corporation Majority Business Ownership (TYF WBE SBE MBE	CorporationNonprofit PartnershipSole ProprietorNon-Profit PE): VOBOTHER
	Type of Business: (Check One) Corporation Majority Business Ownership (TYF WBE SBE MBE Ethnicity (Optional):	CorporationNonprofitPartnershipSole ProprietorNon-Profit PE):VOBOTHER
	Type of Business: (Check One) Corporation Majority Business Ownership (TYF WBE SBE MBE Ethnicity (Optional):	CorporationNonprofitPartnershipSole ProprietorNon-Profit PE):VOBOTHER
	Type of Business: (Check One) Corporation Majority Business Ownership (TYF WBE SBE MBE Ethnicity (Optional):	CorporationNonprofitPartnershipSole ProprietorNon-Profit PE):VOBOTHER

Campus	Campus Locations You Wish to Serve (check all that apply):				
	Kean Main Campus Union	Kean Ocean	Kean Skylands		
Referen	ces:				
Name					
Address					
Name					
Address					
Name					
Address					
Name of	Individual Completing Form		Title		
Date:					