

KEAN UNIVERSITY
Purchasing Department
Supplier Information Form

PLEASE DO NO FAX W-9 FORMS. CALL FOR E-MAIL ADDRESS TO PDF FORMS.

Return to Kean University – University Purchasing – 1000 Morris Ave, Union, NJ 07083-0411
Telephone No: 908-737-5050 Fax No: 908-737-5055.

Use this form to provide the Kean University Purchasing Department the following information so that Kean University may add your company to our bidders list. Failure to return this form, and complete all the information will be grounds to remove your company from the University bidder's list.
(Type or Print Clearly)

1. Your Legal Business Name: _____

Name as it should appear on checks issued to you. Per IRS regulations, if sole proprietorship this owner's name; if there is also a company name, enter it in the first address line as "DBA..." (Doing Business As...)

2. Mail Purchase Orders to: _____

City _____ State _____ Zip _____
Phone # _____ Fax # _____
E-mail to _____ Internet Address _____
Sales Contact Name/Phone #: _____

3. Mail Payments to: _____

City _____ State _____ Zip _____
Accounts Receivable Contact Name/Phone #: _____

4. Your Payment Terms: _____

5. Your Federal Employer Identification Number (FEIN): _____
or, if sole proprietorship, your Social Security Number: _____
**This is not a state or federal tax exempt number. It must be 9 digits.

6. Primary Type of Business
(Check One)

Broker	_____	Dealer	_____
Service	_____	Wholesaler	_____
Distributor	_____	Manufacturer	_____
Retailer	_____	Other	_____

(Identify on reverse)

7. State Incorporated in : _____ Year _____

8. Ownership of Business: (Check One)
____ Corporation ____ Partnership ____ Sole Proprietor ____ Non-Profit

9. Number of Years in Business at Present Address: _____
If Less Than Five Years – Previous Address: _____

SEE REVERSE SIDE FOR REQUIRED INFORMATION

10. Special Certificate:

Your business status is to be determined pursuant to current State of New Do you Qualify As a Do you Qualify As a Do you Qualify As a

Jersey and Federal Small Business Administration Criteria, as well as, Current Federal Procurement Regulation, or Defense acquisition Regulations, pertaining to small, minority, and female business enterprises

Small Business
 Yes No

Minority Business
 Yes No

Women Owned
 Yes No

MINORITY OWNED AND FEMALE OWNED BUSINESS DATA (51% OR MORE OWNED BY MINORITYIES OR FEMALES) PLEASE INDICATE IF: 1. AA- AFRICAN AMERICAN. 2. HA- HISPANIC AMERICAN. 3. IA- NATIVE AMERICAN (AMERICAN INDIAN/ALASKAN NATIVE). 4. APA- ASIAN PACIFIC (FAR EAST/SOUTHEAST ASIAN/PACIFIC ISLANDS). 5. PORTUGUESE AMERICAN

OWNERS NAME (S)	PERCENT OWNERSHIP	ETHENTICITY (SEE ABOVE)	SEX (M, F)
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

11. CUSTOMERS YOU HAVE SUPPLIED (Include at least one of similar size and class as University)

Name	Address
_____	_____
_____	_____
_____	_____

12. NAME AND TITLE OF PERSONS AUTHORIZED TO COMMIT YOUR FIRM TO A CONTRACT TITLE

NAME	TITLE
_____	_____
_____	_____
_____	_____

13. BANK REFERENCES - NAMES

ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE)

BANK OFFICER

14, Please complete and return the enclosed commodity list on those products you wish to supply the University. The inclusion of a particular product in the enclosed commodity table does not necessarily mean Kean University plans to buy all such items on a regular basis. Kean University is simply trying to identify interested companies which can offer certain types of products.

Briefly describe your capabilities for product services and maintenance:

I attest that the information contained herein is true and accurate to the best of my knowledge. I understand that any information willfully falsified or omitted may result in this supplier being disbarred from bidding on contracts and liability to attendant civil criminal Penalties.

INFORMATION FURNISHED BY _____ TITLE _____

SIGNATURE _____ DATE _____

- PLEASE CHECK THE FOLLOWING:
15. _____ STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE SUPPLIED (CHECK).
16. _____ ORIGINAL W-9 – REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION SUPPLIED (CHECK).
17. Do you have a family member working at Kean University? _____yes _____no
- If yes, Name _____ Relationship _____