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
MINORITY OWNED AND FEMALE OWNED BUSINESS DATA (51% OR MORE OWNED BY MINORITIES 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 | ETHNICITY (SEE ABOVE) | SEX (M, F)
--- | --- | --- | ---
1. | | | |
2. | | | |
3. | | | |

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

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<th>Address</th>
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12. NAME AND TITLE OF PERSONS AUTHORIZED TO COMMIT YOUR FIRM TO A CONTRACT TITLE

<table>
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<tr>
<th>NAME</th>
<th>TITLE</th>
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13. BANK REFERENCES - NAMES

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<thead>
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<th>ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE)</th>
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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 list 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 __________________________