



KEAN

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.

Company Name: _____

D/B/A Name: _____

Address: _____

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
 Corporation Nonprofit

Type of Business: (Check One)

Corporation Partnership Sole Proprietor Non-Profit

Majority Business Ownership (TYPE):

WBE VOB
 SBE OTHER _____
 MBE

Ethnicity (Optional): _____

Briefly describe your product and/or services:

Campus Locations You Wish to Serve (check all that apply):

Kean Main Campus Union

Kean Ocean

Kean Skylands

References:

Name

Address

Name

Address

Name

Address

Name of Individual Completing Form

Title

Date: