



# SUPPLIER FORM

Procurement Department  
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**Instructions/Purpose:** In order to comply with various government regulations and to update our supplier information files, please complete and return this form to the email above.

Supplier Name:					
PURCHASE ORDER INFORMATION					
Mailing Address:					
City:		State:		ZIP:	
Sales Contact:				Title:	
Direct Phone:		General Phone:		Fax:	
Email Address:		General Email:			
PO Dispatch Email Address <i>(for use in auto dispatch)</i> :					
REMIT TO INFORMATION <i>(if different from above)</i>					
Mailing Address:					
City:		State:		ZIP:	
AP Contact:				Title:	
Direct Phone:		General Phone:		Fax:	
Email Address:		General Email:			

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 TYPE OF BUSINESS: (CHECK ALL THAT APPLY)

**MINORITY BUSINESS ENTERPRISE (MBE):**

<input type="checkbox"/> African American	<input type="checkbox"/> Asian American	<input type="checkbox"/> Multiple Ethnicities
<input type="checkbox"/> Hispanic American	<input type="checkbox"/> Native American	<input type="checkbox"/> Unspecified

**WOMEN BUSINESS ENTERPRISE (WBE)**

**SMALL BUSINESS ENTERPRISE (SBE)**

☐ NONE OF THE ABOVE

☐ OTHER *(please describe)*: \_\_\_\_\_

I ATTEST THAT 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 FIRM BEING DISBARRED FROM BIDDING ON CONTRACTS FOR A PERIOD OF UP TO TWO YEARS, AND LIABILITY ATTENDANT TO CIVIL AND CRIMINAL PENALTIES. THE COMPLETION OF THIS FORM IN NO WAY OBLIGES THE UNIVERSITY OR GUARANTEES OPPORTUNITIES TO BID OR RECEIVE ORDERS.

\_\_\_\_\_  
 SIGNATURE

\_\_\_\_\_  
 DATE