

# **CITY OF CLIFTON NEW VENDOR FORM**

## **REQUIRED PRIOR TO DOING BUSINESS WITH THE CITY**

NAME OF COMPANY: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHONE /FAX NUMBER: \_\_\_\_\_

### **1) FOR PURCHASE ORDERS:**

CONTACT PERSON: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

### **2) FOR PAYMENT/REMIT-TO:**

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REMIT-TO CONTACT PERSON: \_\_\_\_\_

REMIT-TO EMAIL ADDRESS: \_\_\_\_\_

TAX IDENTIFICATION NUMBER (W-9): \_\_\_\_\_

**NOTE: MUST SUBMIT COPY OF W-9, BUSINESS REGISTRATION CERTIFICATE, AND  
ACH INFO TO:**

**AMISHA J.JARIWALA, PURCHASING AGENT**

DIVISION OF PURCHASING

900 CLIFTON AVENUE,

CLIFTON, NJ 07013

973-470-5754 (p)

973-470-9456 (f)

**ajariwala@cliftonnj.org (e)**