



PATERSON PUBLIC SCHOOLS

Preparing All Children for College and Career



DEPARTMENT OF PURCHASING

Tel: (973) 321-0726

90 Delaware Avenue • Paterson • New Jersey • 07503

Fax: (973) 321-0378

VENDOR INFORMATION FORM

TO BE COMPLETED BY VENDOR IN ENTIRETY

Vendor Name:		
Vendor Address:		
City:	State:	Zip:
Contact Name:	E-mail:	
Phone #:	Fax #:	
1099 Yes/No Type:	NJ BRC #	Tax ID Number:

Please note that additional information maybe required before any business can be performed, including Business Registration Certificate, Political Contribution Disclosure and Insurance Information.

Vendor Secondary Payment Address (If any)

Vendor Address:		
City:	State:	Zip:

Minority Vendor (Y/N) _____

The information provided will be used for statistical purposes only. This information will not be used to select the winning or contract award

I declare that no member of Paterson Public School District, nor any office or employee or person whose salary is payable in whole or in part by said District is directly or indirectly interested in this bid/transaction or in the supplies, material, equipment, work or services to which it relates, or in any portion of profits thereof. If a situation so exists where a District member, employee, officer of the PPS has an interest in the bid, etc., then please attach a letter of explanation to this document, duly signed by the president of the firm or company.

Further, it is understood that this vendor understands that no employee of the Paterson Board of Education (PBE) has the authority to make commitments or place an obligation on behalf of the PBE. The PBE commits and obligates only through a Purchase Order. The vendor understands that they will not provide any goods or services to the PBE without a Purchase Order unless the intent of the vendor is not to be compensated for the goods or services.

Name & Last Name (Please Print)

Signature

FOR DISTRICT (SCHOOLS) USE ONLY

Add Vendor:	<input type="checkbox"/> Check (✓)	Change Vendor:	<input type="checkbox"/> Check (✓)
Requested by:	_____ (Director/Principal/Supervisor)	Date:	_____
Department/School:	_____	Tel./Ext.:	_____
Approximate Contract Amount :	\$ _____	School Yr.	_____
Describe goods/services being purchased: _____			
Check(✓) Purchasing Method : Bid [] State Contract [] Coop [] Quotes [] None [] Exempt [] _____			

ATTACH ALL REQUIRED DOCUMENT TO THIS PAGE