

CITY OF CLIFTON
NEW VENDOR FORM

REQUIRED PRIOR TO DOING BUSINESS
WITH THE CITY OF CLIFTON

NAME OF COMPANY: _____

MAILING ADDRESS: _____

PAYMENT/REMIT TO ADDRESS: _____

PHONE /FAX NUMBER: _____

EMAIL ADDRESS: _____

CONTACT PERSON: _____

TAX IDENTIFICATION NUMBER (W-9): _____

NOTE: MUST SUBMIT COPY OF W-9 AND BUSINESS REGISTRATION CERTIFICATE TO

JAMES J. JORGENSEN, PURCHASING AGENT
DIVISION OF PURCHASING
900 CLIFTON AVENUE,
CLIFTON, NJ 07013
973-470-5754 (p)
973-470-9456 (f)
jjorgensen@cliftonnj.org (e)