



NEW VENDOR REQUEST FORM

After the following information has been completed, please fax this page to the Board Office at 732-409-6736.

REQUESTED BY: _____

SCHOOL: _____

VENDOR REMIT TO NAME (to whom the check will be made payable)

VENDOR REMIT TO ADDRESS (to which the check will be sent-may be more than one)

No.	Address	City	State	Zip
1.				
2.				

VENDOR INDEX NAME (may differ from the "Remit To Name"-e.g. McGraw-Hill is the "Remit To Name" and Everyday Learning is the "Vendor Index Name")

VENDOR P.O. MAILING ADDRESS

Address	City	State	Zip

STATE CONTRACT #s (if applicable)

1. _____

2. _____

1099 VENDOR (if applicable)

Fed ID # _____

SS # _____

NOTES ABOUT THE VENDOR (required)

Phone _____

Fax _____