

VENDOR APPLICATION FORM

Please ensure a W-9 form is attached to this request. Please fill out this form completely as instructed, sign (**with blue ink**) (**electronic signatures are not accepted**) and email the procurement department. Please fill out all sections highlighted in green. Email the completed form to **procurement@westhaven-ct.gov**

Section 1. Vendor Information

Date Requested (mm/dd/yyyy)			
Is This A New Vendor Or Vendor Modification (Type As "N" Or "Vm")			
If Vendor Modification was chosen, Type Of Vendor Modification			
Company / Firm Name As Shown On Federal Tax Return		FEIN Tax Id or Social Security w/dashes	
Doing Business As (Dba) Name If Applicable (also attached DBA Certificate)		Unique Entity Id (Uei) Required For Federal Awards / Grants	
Business Place Of Incorporation/Registry		Cage Number	
Address		CT Business ALEI #	
City	State	Zip	

Section 2. Payment and Remit Address

Address		
City	State	Zip

Section 3. Vendor Contact Information

General Contact(S)

Name	TITLE	PHONE	EMAIL

Authorized Signer(S) – Individuals Who Can Bind/Sign Agreements/Contracts

Name	TITLE	PHONE	EMAIL

Section 4. Additional Vendor Information

Is your business/corporation to receive a 1099 at end of the year?	Yes		No	
Are you considered a small business?	Yes		No	
Are you considered a Minority Owned business?	Yes		No	

Section 5. Name of individual completing the form

Name	
Title	
Email	
Signature	

Requests will not be processed without all fields accurately filled out and proper documentation. By signing this form, I am certifying that all information submitted is correct. Please ensure to sign this form in **Blue Ink.**

Section 6. Internal Employee Information

Is This An Employee Of The City Or Boe?		If marked yes, Please Provide Their Department And Employee Number	
	YES	DEPARTMENT	
	NO	EMPLOYEE NO.	

Section 7. Internal Use Only – To be completed by City of West Haven

Vendor Number	
Date Received	
Date Processed	
Employee who processed	