# 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 **mmerola@westhaven-ct.gov**

## Section 1. Vendor Information

| | |
|---|---|
| Date Requested (mm/dd/yyy) | |
| Is This A New Vendor Or Vendor Modification (Type As "**N**" Or "**Vm**") | New Vendor Request |
| Type Of Vendor Modification (i.e address change, remit add, remit change, etc)) | Corporate Address Change |
| 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 | |