

DEPARTMENT _____
(To be completed by Requesting Dept)

VENDOR CODE _____
(To be completed by Finance Dept)

Borough of Fair Lawn
8-01 Fair Lawn Avenue
Fair Lawn, New Jersey 07410



Department of Finance
Phone No. 201.794.5356
Fax No. 201.796.2314

Dear Vendor,

In compliance with state and federal regulations, we are required to have the following information for all vendors with whom we conduct business.

Please provide the Borough of Fair Lawn with the following information:

Vendor Name: _____

Business Address: _____

Town: _____ **State:** _____ **Zip Code:** _____

Purchase Order Address: _____

Town: _____ **State:** _____ **Zip Code:** _____

Check Remittance Address: _____

Town: _____ **State:** _____ **Zip Code:** _____

Contact Name: _____

Phone Number: _____ **Fax Number:** _____

E-Mail Address: _____

Sole Proprietor _____ **Partnership** _____ **Corporation** _____

Tax ID # _____ **or Social Security #** _____

**THIS VENDOR FORM ALONG WITH YOUR BUSINESS
REGISTRATION CERTIFICATE MUST BE RETURNED TO THE
CONTRACTING BOROUGH DEPARTMENT**