

Requisition # _____
(To be completed by 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. 201.794.5351
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: _____

Remittance Address: _____

Town: _____ State: _____ Zip Code: _____

Contact Name: _____

Phone Number: _____ Fax Number: _____

E-Mail Address: _____

Sole Proprietor _____ Partnership _____ Corporation _____

Tax ID # _____ or Social Security # _____

Payment Terms _____

Do you receive a 1099 at Year-End: _____ Yes _____ No

Please reply within 30 days of receipt of this notice.

NO PAYMENT will be rendered until this completed form is returned until this completed form is returned to our office along with you BRC Form. Please be certain a Borough of Fair Lawn Purchase Order Number accompanies all orders.