



THE AUTHORITY

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For Office Use Only:

Vendor ID# _____

Date Entered: _____

W-9 & BRC: _____

Approved: _____

VENDOR APPLICATION

NEW VENDOR

VENDOR CHANGE
Date of Change: _____

PURCHASE ORDER ADDRESS:

Name:		
Address:		
Address:		
City:	State:	Zip Code:

REMITTANCE ADDRESS:

Name:		
Address:		
Address:		
City:	State:	Zip Code:

Company Contact:		
Title:		
Phone Number:		
Fax Number:		
Email Address:		
Federal TAX ID:		
Type of Business:		
Bus. Reg. Cert. Number:		

COPY OF NEW JERSEY BUSINESS REGISTRATION:

If you currently do not hold a NJ Business Registration Certificate, please go to <http://www.state.nj.us/treasury/revenue/busregcert.shtml> to apply on-line. Send us a copy of the registration with this application.