

VENDOR INFORMATION FORM
CITY OF TRENTON
DIVISION OF PURCHASING
CITY HALL
319 EAST STATE STREET
TRENTON, NEW JERSEY 08608
TELEPHONE: 609-989-3135
FAX: 609-989-4260

FAX COMPLETED FORM ALONG WITH A COPY OF YOUR W-9 TO: 609-989-4260 OR
E-MAIL TO VARRINGTON@TRENTONNJ.ORG

COMPANY NAME: _____

CONTACT: _____
FIRST NAME LAST NAME

ADDRESS: _____
STREET ADDRESS

STREET ADDRESS LINE 2

CITY STATE/PROVINCE

POSTAL/ZIP CODE COUNTY

REMITTANCE ADDRESS:	_____
FOR	_____
PURCHASE ORDERS	_____
& PAYMENT	_____

TELEPHONE: _____
AREA CODE TELEPHONE NUMBER

E-MAIL ADDRESS _____

FAX: _____
ARE CODE TELEPHONE NUMBER

FEIN# _____

PLEASE SUBMIT:	_____
A BRIEF DESCRIPTION	_____
OF PRODUCTS/	_____
SERVICES	_____
