



Stockbridge-Munsee Community

Vendor Information Form (Page 1)

The Stockbridge-Munsee Community requires that all new vendors complete PD Form 2: Vendor Information Form. The form must be completed and returned with a W-9 form to the Purchasing Manager prior to a goods or services being provided.

General Information:

Business Name: _____

DBA: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Business Fax: _____

Business Contact/Sales Representative: _____

Business Website: _____

Federal ID Number / SSN: _____ (must attach completed W9 form)

Type of Organization:

- Corporation
- Non-Profit
- Individual
- Other: _____

Years in Business: _____ Number of Employees: _____

Is the vendor or its principals presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in any Federal programs or grants?

Yes No

Is the vendor a minority, disadvantaged, or women owned company (must be at least 51 percent owned, controlled and actively managed by one of the above-mentioned minorities)?

Yes No



Stockbridge-Munsee Community

Vendor Information Form (Page 2)

Remittance Information:

Remittance Name: _____

Remittance Address: _____

Remittance Phone: _____ Remittance Fax: _____

Accounts Receivable Contact: _____

Accounts Receivable Email: _____

References:

1. Customer: _____ Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

2. Customer: _____ Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

3. Customer: _____ Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

The undersigned certifies that the information contained herein is correct. I understand that completion of this application does not guarantee placement on the Stockbridge-Munsee Community Approved Vendors List. Further, I understand that misrepresentation may be cause for removal from the Stockbridge-Munsee Community Vendors List.

Signature: _____ Date: _____

Name (Printed): _____

Title: _____