

**WALL TOWNSHIP BOARD OF EDUCATION
Office of the Business Administrator**

NEW VENDOR REQUEST FORM
(To Be Completed By Vendor)

Vendor Name: _____

District Contact Person Requesting use of this Vendor: _____

P.O. Mailing Address: _____

Payment Remit to Address: _____

Phone: _____ Fax: _____

State Contract # _____ S/C Expiry _____

Fed.ID/SS # _____

Business Registration Certificate attached

W-9 Attached

Nature of Business (Check all that apply)

Goods

Services

Is a 1099 Required at the End of the Year

New vendors will not be entered unless all above information and attachments are provided.

Signature: _____

Print Name: _____

Title: _____