

Vendor Intake Form

1. Vendor Name (as shown in BOX 1 on W9/W8):  
\_\_\_\_\_
2. If applicable, business name/disregarded entity name, if different from above (as shown in BOX 2 on W9/W8):  
\_\_\_\_\_
3. Vendor Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Federal Tax Classification (as shown in BOX 3 of W9 or BOX 4 of W8): \_\_\_\_\_
5. Foreign vendors are subject to US Tax. Are services provided within the US? \_\_\_\_\_
6. Will this vendor provide discounts? If so, how much; e.g., 2% Net 10?: \_\_\_\_\_
7. Vendor's "remit to" address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. NJ Commodity Codes *list available [here](#)*: \_\_\_\_\_

9. Business Enterprise Info – check all that apply (please submit copies of any certificates with this form):

<input type="checkbox"/>	Small Business Enterprise
<input type="checkbox"/>	Minority Owned Business Enterprise
<input type="checkbox"/>	Women Owned Business Enterprise
<input type="checkbox"/>	Veteran Owned Business Enterprise
<input type="checkbox"/>	Veteran Disabled Owned Business Enterprise

10. Vendor Contact Name: \_\_\_\_\_
11. Vendor Contact Phone: \_\_\_\_\_
12. Vendor Contact Email: \_\_\_\_\_
13. NJSTART Vendor ID \_\_\_\_\_
14. Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your signature below indicates that you have read, understand, and agree to the [Terms & Conditions](#) of Rowan University.

\_\_\_\_\_ Date: \_\_\_\_\_