

SUPPLIER INFORMATION
RETURN TO: WILLIAM PATERSON UNIVERSITY-PURCHASING OFFICE
 358 Hamburg Turnpike, PO Box 913, Wayne, NJ 07474-0913
 Telephone (973) 720-2101 Fax (973) 720-2872

COMPANY NAME:		Federal/State Employer ID or Social Security Number	
PO BOX/RD #:			
ADDRESS (NUMBER, STREET):			
CITY, STATE, ZIP:			
CONTACT PERSON:		CONTACT/TITLE:	
TELEPHONE NO:	TOLL FREE NUMBER:		CONTACT EMAIL ADDRESS:
	FAX NO:		
STATE INCORPORATED IN:	OWNERSHIP OF BUSINESS:		IS THIS THE PRIMARY BUSINESS LOCATION? [] YES [] NO
	[] CORPORATION [] OTHER [] SOLE PROPRIETOR [] LLC [] NON PROFIT		
TOTAL # FULL TIME EMPLOYEES:	DO YOU WISH TO REGISTER AS: SMALL BUSINESS ENTERPRISE? [] YES [] NO		
#FULL TIME EMPLOYEES THIS SITE:			
Are you currently certified or registered by the State of New Jersey: Yes_____ No_____			

PLEASE LIST THE COMMODITIES THAT YOUR FIRM IS ENGAGED IN: _____

OPTIONAL

Check appropriate fields.

SMALL BUSINESS ENTERPRISE: <\$500,000_____, \$500,000- \$5,000,000_____, \$5,000,000 less than \$12,000,000 _____
 MINORITY BUSINESS ENTERPRISE: <\$500,000_____, \$500,000- \$5,000,000_____, \$5,000,000 less than \$12,000,000 _____
 WOMEN BUSINESS ENTERPRISE: <\$500,000_____, \$500,000- \$5,000,000_____, \$5,000,000 less than \$12,000,000 _____

OWNER'S NAME(S)	PERCENT OWNERSHIP	ETHNICITY (BELOW)
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____

Please check All That Apply:

Large Business ☐	African American ☐	Native American or Alaskan American ☐
Women Owned ☐	Asian American ☐	Veteran ☐
Small Business ☐	Hispanic/Latino ☐	Service Disabled Veteran ☐

Certifications: State of NJ ☐ NJDOT ☐ SBA ☐ OTHER ☐

I attest that the information herein is true and accurate to the best of my knowledge, I understand that any information willfully falsified or omitted may result in this firm's being disbarred from bidding on contracts for a period of up to two years, and liability to attendant civil and criminal penalties.

INFORMATION FURNISHED BY: _____	TITLE: _____
SIGNATURE: _____	DATE: _____