



**COUNTY OF BERGEN**  
**DEPARTMENT OF ADMINISTRATION AND FINANCE**  
**DIVISION OF THE TREASURER**  
One Bergen County Plaza • Suite 501 • Hackensack, N.J. 07601-7076  
(201) 336-6550 • (201) 336-6595

**James J. Tedesco, III**  
County Executive

**Jon Rheinhardt**  
CFO

**Melissa Howard**  
Treasurer

**VENDOR INFORMATION FORM**

\* - required field

Vendor Information (as displayed on W-9 form):

<b>Company Name*:</b>	
<b>Address*:</b>	
<b>City*:</b>	
<b>State*:</b>	
<b>Zip Code*:</b>	
<b>Name of Authorized Official*:</b>	
<b>Phone Number*:</b>	
<b>Email Address*:</b>	
<b>Would you PO's to be emailed to the email address provided? *</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Remittance Address: (if different than information above)

<b>Pay-To-Name:</b>	
<b>Pay-To-Address:</b>	
<b>Pay-To-City:</b>	
<b>Pay-To-State:</b>	
<b>Pay-To-Zip:</b>	
<b>Pay-to Attn:</b>	
<b>Payment Email:</b>	

**Business Classification:**

<b>Is your company a: *</b>	<b>IRS Classification: *</b>
<input type="checkbox"/> <b>Small Business</b>	<input type="checkbox"/> <b>Individual/ Sole proprietor</b>
<input type="checkbox"/> <b>Minority Owned</b>	<input type="checkbox"/> <b>C-Corp</b>
<input type="checkbox"/> <b>Women Owned</b>	<input type="checkbox"/> <b>S-Corp</b>
<input type="checkbox"/> <b>Veteran Owned</b>	<input type="checkbox"/> <b>Partnership</b>
<input type="checkbox"/> <b>Other:</b>	<input type="checkbox"/> <b>Trust/Estate</b>
<input type="checkbox"/> <b>Not Applicable</b>	<input type="checkbox"/> <b>Limited Liability Corp - Corporation</b>
	<input type="checkbox"/> <b>Limited Liability Corp – S Corporation</b>
	<input type="checkbox"/> <b>Limited Liability Corp - Partnership</b>
	<input type="checkbox"/> <b>Tax-Exempt Organization</b>

**I certify that the information provided on this form is true and accurate to the best of my knowledge.**

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**Print Name:**

**Signature:**