Youth Consultation Service
Embracing All the Possibilities

284 Broadway
Newark, NJ 07104
(973) 482-8411

VENDOR APPLICATION FORM

VENDOR INFORMATION

COMPANY / FIRM NAME as shown on Federal Tax Return			**UEI NUMBER**
ALTERNATE NAME if applicable / (doing business as)			**TAX ID NUMBER** FEIN OR SSN
POINT OF CONTACT NAME		**TITLE**	
VENDOR ADDRESS			
PAYMENT ADDRESS if different from address above			
PHONE	**FAX**	**VENDOR EMAIL**	
TAX EXEMPT? Y or N	**VENDOR WEBSITE**	**TYPE OF BUSINESS (*Retail businesses please attach price list)**	
PREFERRED METHOD OF PAYMENT (IF ACH, COMPLETE FORM)			

ORGANIZATION TYPE

☐	Corporation	☐	Individual / Sole Proprietor	☐	Joint Venture
☐	LLC	☐	Partnership / Limited Partnership	☐	Non Profit
☐	Women Owned	☐	Minority Owned	☐	1099 Required?

REQUIRED ATTACHMENTS:

☐	W-9	☐	LICENSE/ CERTIFICATION (IF APPLICABLE)
☐	NJ BUSINESS REGISTRATION CERTIFICATE	☐	ACH FORM (IF APPLICABLE)
☐	INSURANCE CERTIFICATE		

VENDOR'S NAME	**SIGNATURE**	**DATE**
