BOROUGH OF NAUGATUCK
229 Church Street
Naugatuck, CT 06770

VENDOR APPLICATION FORM

VENDOR INFORMATION

COMPANY / FIRM NAME as shown on Federal Tax Return	**VENDOR ID.** If applicable
ALTERNATE NAME if applicable/(doing business as)	**TAX ID NUMBER** FEIN OR SSN

VENDOR ADDRESS
PAYMENT ADDRESS if different from above
PO MAILING ADDRESS if different from above

PHONE	**FAX**	**WEBSITE**

POINT OF CONTACT FOR SALES - NAME & TITLE	**POINT OF CONTACT EMAIL**

ORGANIZATION TYPE (Please submit completed W9)

	C Corporation		Individual/Sole Proprietor or Single Member LLC		Trust/estate
	S Corporation		Partnership		Limited Liability Company. (C=Corp, S=S Corp, P=Partnership
	Other				

VENDOR TYPE				
	SERVICE		Type of Service	
	PRODUCT		Type of Product	
	BOTH			

SERVICE VENDORS

Where will the Service be performed: ☐ Borough Property ☐ Vendor's location

Is a State License required to perfom work in the State of Connecticut? If Yes: ☐ YES ☐ NO

Type of License for Business: (Electrical, Mechanical, HVAC, etc.)

Credential Number (also provide a copy of current license)

**Also provide individual license copy for employees performing work onsite(i.e. Electrical license, HVAC, etc)

NOTE: Service Vendors require a COI to be sumitted to Purchasing, as well as a signed Insurance Agreement

DEPARMENT USE ONLY

Expected Annual Purchase $$ _____

Anticipated Purchase Authority _____ (reason for adding vendor)

Which line item from your GL will this Vendor fall under? _____

Will we be processing payments for this Vendor? ☐ YES ☐ NO

Documents obtained: _____ W9 _____ COI _____ Signed Insurance Agreement