



**BOROUGH OF NAUGATUCK**

229 Church Street  
Naugatuck, CT 06770

**VENDOR APPLICATION FORM**

**VENDOR INFORMATION**

<b>COMPANY / FIRM NAME</b> as shown on Federal Tax Return		<b>VENDOR ID.</b> If applicable
<b>ALTERNATE NAME</b> if applicable/(doing business as)		<b>TAX ID NUMBER</b> FEIN OR SSN
<b>VENDOR ADDRESS</b>		
<b>PAYMENT ADDRESS</b> if different from above		
<b>PO MAILING ADDRESS</b> if different from above		
<b>PHONE</b>	<b>FAX</b>	<b>WEBSITE</b>
<b>POINT OF CONTACT FOR SALES - NAME &amp; TITLE</b>		<b>POC EMAIL</b>

**ORGANIZATION TYPE** (Please submit completed W9)

<input type="checkbox"/>	C Corporation	<input type="checkbox"/>	Individual/Sole Proprietor or Single Member LLC
<input type="checkbox"/>	S Corporation	<input type="checkbox"/>	Partnership
<input type="checkbox"/>	Other	<input type="checkbox"/>	Trust/estate
<input type="checkbox"/>		<input type="checkbox"/>	Limited Liability Company. (C=Corp, S=S Corp, P=Partnership)

**VENDOR TYPE**

<input type="checkbox"/>	SERVICE	Type of Service	
<input type="checkbox"/>	PRODUCT	Type of Product	
<input type="checkbox"/>	BOTH		

**SERVICE VENDORS**

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

Is a State License Required to perform work in the State of Connecticut?  YES  NO

If Yes:  
 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 submitted to Purchasing, as well as a signed Insurance Agreement**

**DEPARTMENT 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