



City of New London  
 Finance Department  
 13 Masonic Street,  
 New London, CT 06320  
 www.newlondonct.org

# Vendor Registration Form

Please type or print your responses to the applicable items below. Your responses will assist in assuring that checks for payment are correctly issued. Return form and a completed W-9 to [jmontague@newlondonct.org](mailto:jmontague@newlondonct.org) or address listed to left.

<b>1. Company Name</b> <i>Invoices <b>must</b> be submitted using the name in 1b</i>	<b>a. Corporate Name:</b>		<b>b. Issue Checks to:</b> <i>(pay to the order of)</i>	
<b>2. Mailing Address</b> <i>Purchase Orders will be sent to this address</i>	Street / P.O. Box		Email	
	City	State	Zip + 4	
<b>3. Contact Person</b> <i>Contact for quotes, etc.</i>	Contact Person		Title	
<b>4. Contact Information</b> <i>Internet &amp; Telephone</i>	Telephone #	Fax	Toll Free	Cell Phone
	EMail Address		Website Home Page	
<b>5. Payment Address</b> <i>Where to send payments see section 1b above</i>	Street Address			
	City	State	Zip + 4	
<b>6. Corporate Headquarters</b> <i>If different from above</i>	Street / P.O. Box			
<i>address, see section 1a above</i>	City	State	Zip + 4	
<b>7. IRS required information:</b> <i>Only one is required</i>	Federal Employer Identification Number		Social Security Number	
	<b>The purpose of collecting the FEIN/SSN is to comply with IRS regulations to file 1099 forms.</b>			
<b>8. Type of Business:</b>	<input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership			
<b>9. State of CT Approved Vendor</b>	If your company is on the current State of Connecticut contract list please enter your contract number:			
<b>10. Does your company accept purchase orders to provide goods and/or services?</b>			<input type="checkbox"/> Y	<input type="checkbox"/> N
<b>11. Is your company able to provide the goods and/or services prior to receiving check payment?</b>			<input type="checkbox"/> Y	<input type="checkbox"/> N
<b>12. Is your company a sole source provider? (If yes, please attach sole source provider letter.)</b>			<input type="checkbox"/> Y	<input type="checkbox"/> N
<b>13. Check which all that apply (if applicable):</b> <input type="checkbox"/> Locally-owned Business <input type="checkbox"/> Sustainable / Eco-friendly <input type="checkbox"/> Minority-owned <input type="checkbox"/> Women-owned <input type="checkbox"/> Alternative Corp. Structure				
<b>14. Please provide a brief description of goods/services provided:</b>	_____ _____ _____			
I agree that I will not provide goods and/or services prior to the receipt of a Purchase Order provided by the City of New London. Please note: orders and/or purchases without a valid Purchase Order are not authorized by the City of New London therefore, invoices for such orders/purchases may not be paid.				
Agreed By: _____ Printed Name _____ Signature _____ Title _____				