

**Camden City School District  
Purchasing Department  
1033 Cambridge Street  
Camden, NJ 08105**

**All vendors must complete this form and forward this form with a W-9 and Business Registration Certificate to CCSD / Purchasing Department 1033 Cambridge Street., Camden, NJ 08105 (Purchasing@camden.k12.nj.us).**

**Business Name:** \_\_\_\_\_

**Doing Business As Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Business Address 2:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Zip:** \_\_\_\_\_

**Business Phone #:** \_\_\_\_\_

**Fax #:** \_\_\_\_\_

**Website:** \_\_\_\_\_

**Email 1:** \_\_\_\_\_

**Email 2:** \_\_\_\_\_

**Optional Billing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Zip:** \_\_\_\_\_

**Additional Phone #:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Contact Phone#:** \_\_\_\_\_

**Contact Email:** \_\_\_\_\_

**Tax Id #:** \_\_\_\_\_

**State Contract ID:** \_\_\_\_\_

**Employee ID:** \_\_\_\_\_

Office Use Only	
Date Entered: _____	Non-Collusion Affidavit _____
1099 Needed: _____	Bid Bond _____
BRC Received _____	Consent of Surety _____
W-9 _____	Insurance Certificate _____
Political Disclosure _____	Affirmative Action Cert. _____
Statement of Ownership _____	