



101 Vera King Farris Drive | Galloway NJ 08205-9441
stockton.edu

Dear Vendor:

The Stockton University Purchasing Department would like to institute a Vendor Quoting List as we want to expand our current database to encourage and assist the University community with their quoting needs for purchases. Please complete this form and return it to us.

Name of Company: _____

Address: _____

City, State, Zip: _____

Phone/Fax Numbers: P _____ F _____

E-Mail: _____ Contact Person: _____

Is your Business registered with Department of Treasury Division of Revenue as a

Veteran-Owned Minority-Owned Women-Owned Small Business Yes No

- If yes, please include a copy of your certification along with a Form W-9 and your State Business Registration Certificate.
- If no, please navigate to the following link to find out more information about the program and registration. <http://www.state.nj.us/njbusiness/contracting/sbsa/>.

Is your Business DPMC pre-qualified? Yes No

If yes, in what classification: _____

We will also need information pertaining to your type of business, please check below:

Contractor Manufacturer Retailer Distributor

Consultant Professional Services (Technical)

Are you currently doing business in the State of New Jersey? Yes No

Type of Products or Services you offer/provide: _____

Number of years in Business? _____

Sincerely,

Stockton University
Purchasing Department, Purchasing@Stockton.edu