

# City of Paterson

## Division of Purchasing

155 Market Street – fourth floor  
Paterson, NJ 07505

Tele: 973.321.1340

Fax: 973.321.1341

### **Bidder's Mailing List Application**

In order to receive annual and periodic bid vendors must be eligible. To be eligible please complete this form. Should you have any questions please consult with the Division of Purchasing.

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Are you registered with the State? Y/N \_\_\_\_\_, if no, contact Division of Revenue at 609.292.1730 to obtain the registration form. This is mandatory (P.L.2004, c.57)

Business Registration Certificate No: \_\_\_\_\_ Issuance Date: \_\_\_\_\_

Tax ID#: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Do you have a State Contract? (Y/N) \_\_\_\_\_ Contract No: \_\_\_\_\_

Have you receive a contract(s) from City of Paterson before? (Y/N) \_\_\_\_\_

Type of Minority: African American ( ) Hispanic ( ) Women ( ) Other ( ) \_\_\_\_\_

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE PROVIDE COPY OF BUSINESS REGISTRATION CERTIFICATE WITH APPLICATION.**

**THIS IS A MUST TO BE ELIGIBLE.**