



Atlantic Cape Community College Vendor Application Form

1. Vendor Information

- Company Name (as recorded with IRS): _____
- DBA (if applicable): _____
- Mailing Name: _____
- Street Address: _____
- PO Box: _____
- City: _____ State: _____ Zip: _____

2. Mailing Address for Payments (if different from above)

- Company Name (as recorded with IRS): _____
- Taxpayer Identification Number (TIN): _____
- Street Address: _____
- PO Box: _____
- City: _____ State: _____ Zip: _____

3. Sales Contact Information

- Name: _____
- Title: _____
- Phone: _____
- Fax: _____
- Email: _____

4. Accounts Receivable Contact Information:

- Name: _____
- Title: _____
- Phone: _____
- Fax: _____
- Email: _____

5. Banking Information for ACH Payments (E-Checks):

Any payment exceeding \$10,000 will be issued via paper check. All payments are made in U.S. Dollars to a U.S.-based bank. We do not process international wire transfers.

- Routing Number: _____
- Bank Account Number: _____
- Account Type: _____

I agree to have payments from Atlantic Cape Community College direct deposited using the bank account information provided above. If my banking information changes, I agree to update this information in writing before submitting any future payment requests. If a payment has been made in error, Atlantic Cape Community College is authorized to correct that error and notify me accordingly.

Initials: _____

6. Certification and Compliance

I certify that the information provided is true and accurate to the best of my knowledge. I understand that false statements may result in the termination of any agreement with Atlantic Cape Community College.

- Full Name (Print): _____
- Signature: _____
- Title: _____
- Date: _____

7. Ethnicity Information (Optional)

Check those that apply:

- ☐ **SBE** Small Business Enterprise
- ☐ **MBE** Minority Business Enterprise
- ☐ **WBE** Woman Business Enterprise
- ☐ **MWBE** Minority Woman Business Enterprise
- ☐ **SBME** Small Minority Business Enterprise
- ☐ **SMWBE** Small Minority Women Business Enterprise
- ☐ **SWBE** Small Woman Business Enterprise

Ethnicity:

- ☐ African American
 - ☐ Asian American
 - ☐ Caucasian American
 - ☐ Hispanic American
 - ☐ Multiple Ethnicities
 - ☐ Native American
 - ☐ Unspecified
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Required Documents Checklist

Please attach the following documents:

- Form W-9 ([Download Form](#))
- [New Jersey Business Registration Certificate](#) (if annual spending exceeds \$5,000)
- Insurance Certificate (required for specific services)
- IRS letter designating non-profits as a 501(c)3 (if applicable)
- Small, Minority, or Women-Owned Business Enterprises certification (if applicable)
- Cooperative contract holder information (if applicable):
 - Cooperative: _____
 - Contract #: _____
 - Expiration Date: _____

Please ensure all sections are completed and all required documents are attached before submission.

Submit to: Purchasing Department

Atlantic Cape Community College

5100 Black Horse Pike

Mays Landing, NJ 08330

For questions, contact the Purchasing Department at 609-343-5117 or purchasing@atlanticcape.edu.