

**NEW VENDOR (circle) Yes or No**  
**EXISTING VENDOR #** \_\_\_\_\_

**MIDDLETOWN BOARD OF EDUCATION**  
**VENDOR APPLICATION**

**Business Office**  
**311 Hunting Hill Ave**  
**Middletown, CT 06457**

**Telephone: 860-638-1439**  
**Fax: 860-638-1425**  
**Email: burgerj@mpsct.org**

**PLEASE NOTE: All of the information below is REQUIRED. Please do not leave any information blank. Thank you.**

**1. Name (As shown on your income tax return):** \_\_\_\_\_

**2. Business Name (If different from Item #1 above):** \_\_\_\_\_

**3. Mailing Address:**

**4. Payment Address (If different from Item #3):**

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State and Zip

\_\_\_\_\_  
City, State and Zip

**5. Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box below. The TIN provided must match the name given on Item #1.  
For an individual, this number would be your social security number (SSN).  
For other entities, this number would be your Employer Identification Number (EIN).

**Social Security Number**                      **or**                      **Employer Identification Number**  
\_\_\_\_-\_\_-\_\_\_\_                                      \_\_\_\_-\_\_-\_\_\_\_

**6. Type of Organization:**  
**(Please Check One)**

\_\_\_\_ **Individual / Sole Proprietor**

\_\_\_\_ **Limited Liability Company**

\_\_\_\_ **Corporation**

\_\_\_\_ **Non Profit**

**7. Contact Information**

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

**Phone Number:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

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

**SIGN HERE: I hereby certify that the above information is correct.**

\_\_\_\_\_  
**Print or Type Name & Title**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**