

NEW VENDOR REGISTRATION FORM

Please fax your submission to (914) 798-4021 or email as attachment to newvendor@burke.org

GENERAL INFORMATION					
Company Legal Name:					
D.B.A. (if applicable):					
DUNS#:		Tax ID#:		#Years in Business:	
Company Address:					
City:		State:		Zip:	
Phone:		Fax:		Website:	
Local Representative:					
Email:					
Group Purchasing Affiliations:					

Are you a new Company/Vendor to Burke Materials Management? Yes No

BUSINESS INFORMATION	
Please check all Small Business/Diversity Business Classifications that apply:	
Small Business	Veteran Owned Small Business
Small Disadvantaged Business	Service-Disabled Veteran Owned Small Business
Certified by SBA as a HUBZone Small Business	Alaskan Native
Woman Owned Small Business	Indian Tribe
Large Business	Other:

Department you wish to meet with: _____

Goods or services your firm is interested in supplying to Burke Rehabilitation Hospital:

Attestation: I have read the Vendor Representation Policy provided on the Burke website and agree to adhere to the policy as stated. Any violation of the policy will result in my vendor approval, if granted, being revoked immediately.

Signature:

Date:

Rev. 1/2016 BRHDate: _____ App/ Not Approved Dept Notified: _____ Initials: _____