



CITY OF MILFORD, CONNECTICUT  
 70 WEST RIVER STREET  
 MILFORD, CT 06460  
 TELEPHONE: 1-203-783-3225  
 EMAIL: FBIALKA@MILFORDCT.GOV

VENDOR PROFILE FORM

VENDOR NAME (Legal Name & D/B/A Name):			
CORPORATE ADDRESS:		PHONE NUMBER:	
CITY, STATE, ZIP CODE:		FAX NUMBER:	
ADDRESS:		EMAIL ADDRESS:	
CITY, STATE, ZIP CODE:		WEB ADDRESS:	

REMIT TO INFORMATION IF DIFFERENT FROM ABOVE:

REMIT TO ADDRESS:		EMAIL ADDRESS:	
CITY, STATE, ZIP CODE:		WEB ADDRESS:	
REMIT TO ADDRESS:		EMAIL ADDRESS:	
CITY, STATE, ZIP CODE:		WEB ADDRESS:	

BUSINESS TYPE

C-CORP	S-CORP	SOLE PROPEIETER	PARTNERSHIP	LLC:- ( C ) ( S )	OTHER - (NOTE)	

FEDERAL IDENTIFICATIONS/SOCIAL SECURITY NUMBER: |

BILLING INQUIRIES CONTACT			
NAME:		PHONE NUMBER:	
TITLE:		E-MAIL:	

I hereby certify that the information provided above is correct.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE THE FOLLOWING:

1. Please complete form in its entirety
2. Submit a completed valid Tax Form W-9 along with the completed Vendor Profile Form to the City of Milford Purchasing Department. Forms can be emailed to the City of Purchasing Dept. Attn: Fred Bialka, Purchasing Agent ([fbialka@milfordct.gov](mailto:fbialka@milfordct.gov)) or Faxed to 1-203-876-1960. Please call the Purchasing Dept at 1-203-783-3225 with any questions.