



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:			
<input type="checkbox"/>	Small Business	<input type="checkbox"/>	Veteran Owned Small Business
<input type="checkbox"/>	Small Disadvantaged Business	<input type="checkbox"/>	Service-Disabled Veteran Owned Small Business
<input type="checkbox"/>	Certified by SBA as a HUBZone Small Business	<input type="checkbox"/>	Alaskan Native
<input type="checkbox"/>	Woman Owned Small Business	<input type="checkbox"/>	Indian Tribe
<input type="checkbox"/>	Large Business	<input type="checkbox"/>	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: _____