



## **STONY BROOK REGIONAL SEWERAGE AUTHORITY**

### **GENERAL INFORMATION**

Thank you for your interest in becoming a vendor with the Stony Brook Regional Sewerage Authority (“SBRSA”), a New Jersey tax-exempt public entity pursuant to N.J.S.A. 54:32B-1 et seq.

Please complete the “Vendor Information Form” and provide all relevant documentation as requested, and submit via email to [purchasing@sbrsa.org](mailto:purchasing@sbrsa.org) or USPS mail to:

**Stony Brook Regional Sewerage Authority  
Attention: Purchasing Agent  
290 River Road  
Princeton, NJ 08540**

No employee of SBRSA has the authority to commit an obligation on behalf of SBRSA without a legally executed purchase order produced by the Purchasing Agent.

Monthly invoice processing cut-off date is generally second Friday of each month; earlier in the months of November and December.

Payments of valid invoices for goods delivered or services completed will be made once a month by bank check after approval of SBRSA Board which meets once a month, generally on the fourth Monday of each month, except for November (third Monday) and December (second Monday).

SBRSA cannot accept any other payment terms other than what is stated above. SBRSA cannot complete any credit application, except for procurement cards under state contracts. FOB is “Destination” unless agreed differently.

SBRSA does not pay for goods or services in advance, except for items permitted under N.J.A.C. 5:30-9A6(c)(1), 5:31-4.1 and N.J.S.A. 40A-5-16.1, 40A:5-16.2, 40A:5-16.3.

SBRSA’s bond rating is “AA-” by Standard & Poor’s. Credit and bank references are:

<u>Reference</u>	<u>Tel</u>	<u>Fax</u>
Schwing Bioset	715-247-3433	715-247-3438
Thomas Scientific	856-467-2000	856-467-3087
Wells Fargo	704-410-0368	866-388-2712



State of New Jersey

DEPARTMENT OF THE TREASURY  
DIVISION OF TAXATION  
P. O. BOX 269  
TRENTON, NEW JERSEY 08695-0269

PHILIP D. MURPHY  
Governor

ELIZABETH MAHER MUOIO  
State Treasurer

SHEILA Y. OLIVER  
Lt. Governor

JOHN J. FICARA  
Acting Director

Telephone (609) 292-5995 / Facsimile (609) 989-0113

[This letter is undated and does not expire.]

Stony Brook Regional Sewerage Authority  
290 River Road  
Princeton, NJ 08540

Dear Sellers/Vendors\* and Government Purchasing Officers:

The Stony Brook Regional Sewerage Authority is a public authority of the State of New Jersey and is exempt from Sales and Use Taxes, pursuant to Section 9 (a)(1) of the New Jersey Sales and Use Tax Act (N.J.S.A. 54:32B-1 et seq.). The Stony Brook Regional Sewerage Authority is not required to use an Exempt Organization Certificate (Form ST-5) to make tax exempt purchases. **Official letterhead, a purchase order or similar document signed by a qualified officer is sufficient proof that the entity is exempt from paying New Jersey sales tax.** Payment must be made by check, voucher, or electronic payment from a government fund. Purchases of natural gas, electricity or their related transportation or transmission services are not exempt. (See N.J.S.A. 54:32B-9(c)(3)).

New Jersey State and local governmental entities making **cash purchases of \$150 or less** from imprest funds may use the Exempt Use Certificate (Form ST-4) except for purchasing room occupancies. Proper use of the ST-4 requires the following: (1) a qualified officer of the agency must sign the form; (2) "Government Entity" must appear in the box on the upper right corner for "PURCHASER'S NEW JERSEY TAXPAYER REGISTRATION NUMBER;" (3) "9(a)" should be filled in the box following "N.J.S.A. 52:32B-;" and the name and title of the agency representative engaged with the seller should appear at the bottom of the form.

Exempt Organization Unit  
Regulatory Services Branch  
New Jersey Division of Taxation

\* Note to Sellers/Vendors: This letter is not required for audits/proof of exemption. See pages 26-27 of Bulletin S&U-4, Sales Tax Guide and TB-49: Purchases and Sales by School and Affiliated Organizations.

*The information contained in this letter is specific to the facts or circumstances presented by the inquirer and may not be relied on by any other person or used as advice or precedent for any other matter or person in a similar situation.*



## VENDOR INFORMATION FORM

Please Print Legibly and Submit with Required Documentation

Vendor/Business Name

Doing Business As (if applicable)

Business Address

Billing Contact Name

Email

Tel

Fax

Remittance Address (if different from Business Address)

Sales Contact

Email

Tel

Fax

Type of Business

IRS-1099 Yes/No

NJ BRC Number

Tax ID Number

## VENDOR INFORMATION FORM (Continued)

### REQUIRED DOCUMENTATION

Check any/all that is applicable and include with Vendor Information Form:

- W-9 Form Request for Taxpayer Identification Number and Certification
- Certificate of Insurance\* naming SBRSA as Holder and Additional Insured (required for on-site services)
- New Jersey Department of Labor Public Works Contractor Registration Certificate (required for all public works contracts exceeding \$2,000)
- New Jersey Certificate of Employee Information for affirmative action and equal opportunity Form AA-302 (required for all public works contracts exceeding \$2,000)
- New Jersey Business Registration Certificate (required if anticipated payments exceeds \$6,600)
- Political Contribution Disclosure Form (required if total payment exceeds \$17,500)

Please note that additional information or documentation may be required before any business can commence with Stony Brook Regional Sewerage Authority.

### CERTIFICATION

***The undersigned certifies that s/he is an authorized agent of said company who have read the SBRSA General Information on Pages 1 & 2, and all the information provided on Page 3 with the required documentation (Page 4) is true and current.***

***The undersigned further acknowledges that Stony Brook Regional Sewerage Authority payment term is once a month but no more than net forty-five (45) calendar days. This payment term overwrites any payment term listed differently in invoices.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Company

\_\_\_\_\_  
Title

\* Insurance requirement on Occurrence Form, General Liability with project-specific limit of no less than \$1M per occurrence and \$2M in aggregate and including coverage for products & completed operations, Auto Liability no less than \$1M combined single limit, Workers' Compensation NJ Statutory no less than \$1M/\$1M/\$1M, and evidence of XCU coverage should be addressed in the certificate.