

# NJSME VENDOR FORM

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Company Phone: \_\_\_\_\_

Company Website: \_\_\_\_\_

What does your company do / sell? \_\_\_\_\_

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

General Membership Meeting Date: \_\_\_\_\_

Name of Company Representative: \_\_\_\_\_

Amount of Sponsorship: \$500.<sup>00</sup>

Please make checks payable to: **NJSME**

414 River View Plaza, Trenton, NJ 08611

Phone: 609-393-0102 | Fax: 609-393-9891



NJSME now accepts all major credit cards as well as purchase orders, vouchers, and checks. Please send all documents that require a signature to [info@njsme.org](mailto:info@njsme.org)

## BILLING INFORMATION:

Full Name Street: \_\_\_\_\_

Address City,: \_\_\_\_\_

State, & Zip: \_\_\_\_\_

Account #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_