



VENDOR APPLICATION

CITY OF GREENVILLE, NC
FINANCIAL SERVICES/PURCHASING
P.O. BOX 7207
201 West Fifth Street
GREENVILLE, NC 27835
Telephone: 252-329-4463
Fax: 252-329-4464

Please Type or Print Legibly

Federal ID# SS# Vendor #

Vendor Name: Date:

ORDER ADDRESS

REMIT ADDRESS

STREET:

STREET:

STREET:

STREET:

CITY:

CITY:

STATE: ZIP:

STATE: ZIP:

CONTACT PERSON: <input type="text"/>		TELEPHONE # <input type="text"/>	FAX # <input type="text"/>
YEAR ESTABLISHED: <input type="text"/>	TERMS: <input type="text"/>	DISCOUNT: <input type="text"/>	
CONTRACTOR'S LICENSE # (IF Applicable) <input type="text"/>	E-MAIL ADDRESS: <input type="text"/>	SIGNATURE: _____	

Ownership Status:

Disabled Disadvantage Minority Business Enterprise Women Business Enterprise

Are you certified with the NC Office of Historically Underutilized Businesses (HUB Office)? Yes No
If yes, please provide Letter of Certification.

Are you certified with the NC Department of Transportation (NCDOT)? Yes No
If yes, please provide Letter of Certification.

Product(s) and/or Service(s)

Please list the type of product(s) and/or service(s) that your company can provide.

Customer Business References

Customer's Name: <input type="text"/>	Customer's Name: <input type="text"/>	Customer's Name: <input type="text"/>
Address: <input type="text"/>	Address: <input type="text"/>	Address: <input type="text"/>
Contact: <input type="text"/>	Contact: <input type="text"/>	Contact: <input type="text"/>
Telephone # <input type="text"/>	Telephone # <input type="text"/>	Telephone # <input type="text"/>

PLEASE COMPLETE AND RETURN/FAX/E-MAIL TO:

Financial Services/Purchasing Division
P.O Box 7207
201 West Fifth Street
Greenville, NC 27835
252.329.4464 (fax)
whouse@greenvillenc.gov