



Vendor Application

IT IS CRITICAL TO THE COUNTY OF DURHAM THAT YOU COMPLETE ALL DATA - PLEASE PRINT OR TYPE

(A W-9 FORM IS REQUIRED AND MUST BE SUBMITTED WITH THIS FORM)

1. Vendor Name: _____

Do you require a 1099? Yes ___ No ___

2. Mailing address for payments:

3 Mailing address for purchase orders, proposals and bids:

4. Contact Person _____ Phone #: _____

Fax #: _____

5. In what City and State is your firm licensed? _____

If licensed in NC, indicate County (for tax purposes) _____

6. Indicate your firm's organizational type:

Individual ___ Partnership ___ Corporation ___ Governmental Agency ___ Other _____

7. Is your firm a large business? Yes ___ No ___

8. Is your firm a small business? Yes ___ No ___

9. Is your firm 51 percent or more owned and operated by a woman? Yes ___ No ___

If yes, with what governmental agencies are you certified? _____

10. Is your firm 51 percent or more owned and operated by a minority? Yes ___ No ___

If yes, with what governmental agencies are you certified? _____

Identify appropriate minority group:

Black American ___ Native American ___ Hispanic ___ Asian/Pacific ___ Asian Indian ___

11. Is your firm incorporated? Yes ___ No ___

12. Is your firm a not-for-profit concern? Yes ___ No ___

13. Is your firm a handicapped business concern? Yes ___ No ___

14. Give a brief description of goods or services your firm provides:

Signature: _____ Title: _____

Print name: _____ Date: _____

If you have any questions concerning this form, call Durham County Business Development Manager (919) 560-0051

Return to: County of Durham Purchasing Div. or **Fax to :** (919) 560-0057
200 E Main St 4th Floor
Durham, NC 27701

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