

Vendor Information Form

CHATHAM COUNTY PURCHASING
 PO Box 608
 Pittsboro, NC 27312
 Phone: (919) - 545 - 8364
 Fax: (919) - 545 - 2417

Please Type or Print Legibly

Federal ID # _____ SS # _____ Vendor # _____

Vendor Name

Date

ORDER ADDRESS		REMITTANCE ADDRESS	
Street		Street	
Street		Post Office Box	
City		City	
State	Zip Code	State	Zip Code

CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER
	EMAIL:	

YEAR ESTABLISHED	TERMS	DISCOUNT
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CONTRACTOR'S LICENSE # (if applicable)	SIGNATURE
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This firm certifies that it is a : (if applicable)

- Disabled
 Minority Business Enterprise
 Women Business Enterprise

To qualify for MWBE status, 51% of the company must be owned and controlled by minority groups or women. For the purpose of this definition, minority group members are Black Americans, Hispanic Americans, American Indians and/or American Women. To qualify for Disabled status, 51% of the company must be owned and controlled by disabled persons.

Three Business References (completed in last two years):

Business name: _____ **Contact Name & Number** _____

Product(s) and/or Service(s)

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

Please download the W9 and complete as required;

<http://www.chathamnc.org/index.aspx?page=397>

W-9