

DATE: _____

NEW VENDOR APPLICATION

CURRENT VENDOR- PLEASE UPDATE



VENDOR APPLICATION

CITY OF SALISBURY, PURCHASING DIVISION, P.O. BOX 479 SALISBURY, NC 28145/132 N. MAIN ST., SALISBURY, NC 28144
PHONE (704) 638-5305 | FAX (704) 638-8430 | EMAIL glong@salisburync.gov

(Please return by email, fax or mail)

Please note if 1099 Vendor _____ Yes (Paid by S.S.#) _____ No (Paid by Tax ID#)

Must Submit W-9 Form with application. Download from here: <http://www.irs.gov/pub/irs-pdf/fw9.pdf>

E-Verify Employer: Applicable _____ or Exempt (Less than 25 employees) _____

Must submit verification with application.

COMPANY NAME

DBA

PURCHASE ORDER ADDRESS:

Street or P.O. Box

City	State	Zip Code
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Telephone	Fax	Email
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Federal Tax ID #	SS # (If Individual)	Payment Terms
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Send Bid Requests To: (If different from purchase order address shown above)

Street or P.O. Box

City	State	Zip Code
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Telephone	Fax	Email
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REMIT TO ADDRESS:

Street or P.O. Box

City	State	Zip Code
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Telephone	Fax	Email
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SALES REPRESENTATIVE(S):

Inside Sales	Name	Phone
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Outside Sales	Name	Phone
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NAME OF INDIVIDUALS WITH AUTHORITY TO QUOTE AND/OR SIGN CONTRACTS

NAME	TITLE	PHONE

CITY OF SALISBURY PRIVILEGE LICENSE YES NO (Privilege License copy must be provided)

OUT OF STATE VENDORS -NC CERTIFICATE OF AUTHORITY NO.

TYPE OF BUSINESS: (Describe your business here)

CORPORATION <input type="checkbox"/>	PARTNERSHIP <input type="checkbox"/>	INDIVIDUAL <input type="checkbox"/>
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DATE ESTABLISHED/FOUNDED

OFFICERS OF CORPORATION, PARTNERS, OR MEMBERS OF FIRM AND TITLE

NAME	TITLE
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NAME	TITLE
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NAME	TITLE
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AT THE PRESENT TIME, OR AT ANY TIME DURING THE LAST 12 MONTHS, HAS ANY OWNER, OFFICER, STOCKHOLDER, EMPLOYEE OR OTHER PERSON WITH AN INTEREST, EITHER DIRECTLY OR INDIRECTLY, IN THE ABOVE COMPANY BEEN CONNECTED IN ANY OFFICIAL CAPACITY WITH, OR BEEN EMPLOYED BY, THE CITY OF SALISBURY YES NO IF YES, PLEASE IDENTIFY

ARE YOU ABLE TO RECEIVE PAYMENTS BY EFT? YES NO

ARE YOU OR AFFILIATE RATED BY DUNN AND BRADSTREET? [] YES [] NO RATING:

LIST THREE (3) SUPPLIERS TO YOUR FIRM:

NAME	ADDRESS	PHONE

LIST THREE (3) COMPANIES TO WHOM YOU FURNISH PRODUCTS OR SERVICE:

NAME	ADDRESS	PHONE

ATTENTION MINORITY / WOMAN OWNED BUSINESS

ALL MINORITY OWNED BUSINESSES ARE REQUESTED TO COMPLETE THE FOLLOWING IN THE MANNER THAT BEST DESCRIBES THEIR BUSINESS. PLEASE CHECK ALL THAT APPLY.

The City of Salisbury, in a concerted effort with other local, state and federal agencies, actively seeks to identify minority businesses and offer them an equal opportunity to participate as providers of goods and services to the City. A minority business is defined as a business which, at minimum, is 51% owned and controlled by ethnic minority group members and/or women.

[] African American [] Native American [] Hispanic American [] Asian American [] Woman Owned

I CERTIFY THAT THE INFORMATION PROVIDED HERE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

SUBMITTED BY
TITLE
DATE

A WORD TO POTENTIAL VENDORS - The City of Salisbury requires all purchases of \$1000 or more to be authorized through the issuance of a City of Salisbury Purchase Order. Purchases less than \$1000 (including freight and tax) may be charged by authorized City of Salisbury employees using our Purchasing Card. It is a vendor's responsibility to verify that individuals identifying themselves as City employees are employees in good standing. A single account should be established for the City - individual accounts by Department or Division are not recommended. Vendors who do not accept charge cards should invoice the City's Accounting Division at PO Box 479, Salisbury, NC 28145 or financeAP@salisburync.gov. The City is NOT exempt from paying sales and use taxes. Our Federal Taxpayer ID No. is 56-6000237. We are exempt from Federal Excise Tax. All prices should be quoted FOB Destination Prepaid Salisbury, NC.

IDENTIFY THE COMMODITIES AND SERVICES YOU CAN PROVIDE
