

**VENDOR INFORMATION FORM
CITY OF CONCORD**



**Purchasing Department, Division of Finance Department
Brown Operations Center
635 Alfred Brown Jr Court SW
P. O. Box 308
Concord, NC 28026-0308
Phone: 704-920-5440 Fax: 704-785-8856
www.concordnc.gov (INFORMATION AND CONTACTS)**

NOTE: COMPLETION OF THIS FORM IS NECESSARY TO ESTABLISH A VENDOR NUMBER WITHIN OUR SYSTEM, AND FOR ANY FUTURE PAYMENTS, CONTRACTING, ETC. THE W9 MUST ALSO BE COMPLETED AND SUBMITTED. THIS FORM IS ALSO FOR VENDOR INFORMATION UPDATES.

(AS SHOWN ON IRS TAX FORM)

LEGAL NAME OF COMPANY/CORPORATION: _____
SOLE PROPRIETOR NAME _____
DBA/DOING BUSINESS AS (IF DIFFERENT FROM LEGAL NAME) _____

ARE YOU A NORTH CAROLINA CORPORATION? YES _____ NO _____ ARE YOU REGISTERED TO DO BUSINESS IN NORTH CAROLINA? YES _____ NO _____

FEDERAL TAX ID# _____ SOCIAL SECURITY # IF INDIVIDUAL/SOLE PROPRIETOR _____
NOTE: NUMBER PROVIDED MUST MATCH YOUR TAX REPORTING NAME

QUOTATION ADDRESS: _____ **COUNTY** _____

MAILING ADDRESS (PURCHASE ORDERS) _____

REMITTANCE ADDRESS _____

INVOICE PAYMENT TERMS _____ **TERM DISCOUNT? IF YES, EXPLAIN** _____

MANAGER: _____ **PHONE:** _____ **FAX:** _____

SALES REPRESENTATIVE: _____ **PHONE:** _____ **FAX:** _____

CONTACT PERSON: _____ **PHONE:** _____ **FAX:** _____

ACCOUNTS RECEIVABLE CONTACT: _____ **PHONE:** _____ **FAX:** _____

NOTE: FOR ELECTRONIC PAYMENTS, EFT FORM IS ON WEB SITE OR CONTACT FINANCE:
<http://www.concordnc.gov/Departments/Finance/Accounts-Payable> **FOR MORE INFORMATION**

TYPE OF PRODUCT OR SERVICES PROVIDED: _____

FOR CITY USE BELOW:

CITY DEPARTMENT CONTACT: _____ **DATE:** _____

RECEIVED IN PURCHASING BY: _____ **DATE:** _____

VENDOR NUMBER ASSIGNED: _____

NOTES OR COMMENTS: