

**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](http://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:** \_\_\_\_\_

**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:**