

**VENDOR INFORMATION FORM  
CITY OF CONCORD**



Purchasing Department, Division of Finance Department  
850 Warren C. Coleman Blvd. South  
P. O. Box 308  
Concord, NC 28026-0308  
Phone: 704-920-5441 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: \_\_\_\_\_

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: