



**Vendor Application**

**IT IS CRITICAL TO THE COUNTY OF DURHAM THAT YOU COMPLETE ALL DATA - PLEASE PRINT OR TYPE**

**(A W-9 FORM IS REQUIRED AND MUST BE SUBMITTED WITH THIS FORM)**

1. Vendor Name: \_\_\_\_\_

Do you require a 1099? Yes \_\_\_ No \_\_\_

2. Mailing address for payments:

3 Mailing address for purchase orders, proposals and bids:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Contact Person \_\_\_\_\_ Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

5. In what City and State is your firm licensed? \_\_\_\_\_

If licensed in NC, indicate County (for tax purposes ) \_\_\_\_\_

6. Indicate your firm's organizational type:

Individual \_\_\_ Partnership \_\_\_ Corporation \_\_\_ Governmental Agency \_\_\_ Other \_\_\_\_\_

7. Is your firm a large business? Yes \_\_\_ No \_\_\_

8. Is your firm a small business? Yes \_\_\_ No \_\_\_

9. Is your firm 51 percent or more owned and operated by a woman? Yes \_\_\_ No \_\_\_

If yes, with what governmental agencies are you certified? \_\_\_\_\_

10. Is your firm 51 percent or more owned and operated by a minority? Yes \_\_\_ No \_\_\_

If yes, with what governmental agencies are you certified? \_\_\_\_\_

Identify appropriate minority group:

Black American \_\_\_ Native American \_\_\_ Hispanic \_\_\_ Asian/Pacific \_\_\_ Asian Indian \_\_\_

11. Is your firm incorporated? Yes \_\_\_ No \_\_\_

12. Is your firm a not-for-profit concern? Yes \_\_\_ No \_\_\_

13. Is your firm a handicapped business concern? Yes \_\_\_ No \_\_\_

14. Give a brief description of goods or services your firm provides:

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

**If you have any questions concerning this form, call Durham County Business Development Manager (919) 560-0051**

**Return to:** County of Durham Purchasing Div. or **Fax to :** (919) 560-0057  
200 E Main St 4th Floor  
Durham, NC 27701

Rev 02/06