



RETURN FORM TO:

**Cabarrus County – Finance Dept.
Attn: Purchasing Agent
PO Box 707
Concord, NC 28026-0707
smbarnhardt@cabarruscounty.us**

(FOR COUNTY USE ONLY)

Vendor File No.

Entry Date

VENDOR INFORMATION FORM

COMPANY: _____

ADDRESS: _____

TELEPHONE: () _____

FAX: () _____

CONTACT: _____

FEDERAL TAX ID: _____ *(business)*

SOCIAL SECURITY NO: _____ *(individual)*

CONTRACTOR LICENSE NO: _____ *(if applicable)*

TYPE OF ORGANIZATION: (please check one)

Individual Partnership Corporation

Other (explain) _____

OFFICERS, OWNERS or PARTNERS:

President: _____ Vice President: _____

Secretary: _____ Treasurer: _____

Owners/Partners: _____

TYPE OF BUSINESS: (please check one)

Manufacturer Registered Dealer Service Establishment

Construction Surplus Dealer Architect/Engineer

Other (specify) _____

PRODUCTS and/or SERVICES OFFERED: (additional information may be attached)

****Indicate types of requests for which your company would like to be included: (check all that apply)**

Low-value purchases (less than \$1,000.00) Requests for Proposals

Informal Bids (less than \$90,000.00) Formal Bids (\$90,000.00 and above)

**** Enclosed W-9 form should be completed and returned, also.**