



### Vendor Application

**IT IS CRITICAL TO THE COUNTY 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 #: \_\_\_\_\_

Email: \_\_\_\_\_ 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 Purchasing Division - (919) 560-0051.**

### FOR DEPARTMENT COMPLETION (Prior to Vendor Distribution)

Email to:

or

Fax to:

Department Contact Email

Department Contact Fax No.