



COUNTY of CUMBERLAND  
P.O. BOX 1829  
FAYETTEVILLE NC 28301

**VENDOR INFORMATION FORM**

PLEASE PRINT OR TYPE

Company Name \_\_\_\_\_

Representative \_\_\_\_\_ Title: \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

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

Date Established: \_\_\_\_\_

**Enterprise Classification:**

Individual/Sole Proprietor      Corporation      Partnership      Other \_\_\_\_\_

**Taxpayer Identification Number (TIN):**

Social Security Number: \_\_\_\_\_ OR Employer I. D. # \_\_\_\_\_

Please give the goods/services code (from attached sheet) for those items you wish to bid:

\_\_\_\_\_

**REFERENCES:**

Company Name	Name of Contact	Telephone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

**MINORITY OWNED VENDORS PLEASE NOTE THE FOLLOWING:**

All minority owned businesses are requested to complete the following in the manner that best describes their business. Please check all that apply.

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> MINORITY OWNED    | <input type="checkbox"/> WOMEN OWNED     | <input type="checkbox"/> BLACK AMERICAN | <input type="checkbox"/> AMERICAN INDIAN |
| <input type="checkbox"/> HISPANIC AMERICAN | <input type="checkbox"/> AMERICAN ESKIMO | <input type="checkbox"/> ASIAN AMERICAN | <input type="checkbox"/> AMERICAN ALEUT  |

THIS BUSINESS IS BEST DESCRIBED AS:

- |   |  |
|---|--|
| <input type="checkbox"/> CONSTRUCTION TYPE BUSINESS | <input type="checkbox"/> PROVIDER OF SERVICES        |
| <input type="checkbox"/> PROVIDER OF GOODS/PRODUCTS | <input type="checkbox"/> OTHER; PLEASE EXPLAIN _____ |

**A WORD TO THE VENDOR:** - The County of Cumberland requires all purchases of apparatus, supplies, materials or equipment of \$1,000.00 or more to be authorized through the issuance of a Purchase Order. Purchases less than \$1,000.00 **DO NOT REQUIRE A PURCHASE ORDER.** The County of Cumberland is not tax exempt. Invoices should include all applicable taxes.

I certify that the information provided here is true and accurate to the best of my knowledge:

Submitted By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

