

DATE: \_\_\_\_\_

NEW VENDOR APPLICATION



CURRENT VENDOR- PLEASE UPDATE

(Please return by email, fax or mail)

Vendor Number (Purchasing to assign) \_\_\_\_\_

**VENDOR APPLICATION**

CITY OF SALISBURY, PURCHASING DIVISION, P.O. BOX 479 SALISBURY, NC 28145 / 132 N. MAIN ST., SALISBURY, NC 28144 PHONE (704) 638-5279 / FAX (704) 797-4026 / EMAIL [abumg@salisburync.gov](mailto:abumg@salisburync.gov)

Please note if 1099 Vendor _____ Yes (Paid by S.S.#) _____ No (Paid by Tax ID#)		
Must Submit W-9 Form with application. Download from here: <a href="http://www.irs.gov/pub/irs-pdf/fw9.pdf">http://www.irs.gov/pub/irs-pdf/fw9.pdf</a>		
E-Verify Employer: Applicable _____ or Exempt (Less than 25 employees) _____		
Must submit verification with application. <a href="#">Salisbury Purchasing</a>		

**COMPANY NAME**

**DBA**

**PURCHASE ORDER ADDRESS:**

Street or P.O. Box

City	State	Zip Code
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Telephone	Fax	Email
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Federal Tax ID #	SS # ( If Individual)	Payment Terms
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**Send Bid Requests To: (If different from purchase order address shown above)**

Street or P.O. Box

City	State	Zip Code
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Telephone	Fax	Email
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**REMIT ADDRESS:**

Street or P.O. Box

City	State	Zip Code
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Telephone	Fax	Email
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**SALES REPRESENTATIVE(S):**

Inside Sales	Name	Phone
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Outside Sales	Name	Phone
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**NAME OF INDIVIDUALS WITH AUTHORITY TO QUOTE AND/OR SIGN CONTRACTS**

NAME	TITLE	PHONE
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CITY OF SALISBURY PRIVILEGE LICENSE  YES  NO (Privilege License copy must be provided)

OUT OF STATE VENDORS -NC CERTIFICATE OF AUTHORITY NO.

**TYPE OF BUSINESS: (Describe your business here)**

CORPORATION  PARTNERSHIP  INDIVIDUAL

DATE ESTABLISHED/FOUNDED

OFFICERS OF CORPORATION, PARTNERS, OR MEMBERS OF FIRM AND TITLE

NAME	TITLE
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NAME	TITLE
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NAME	TITLE
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AT THE PRESENT TIME, OR AT ANY TIME DURING THE LAST 12 MONTHS, HAS ANY OWNER, OFFICER, STOCKHOLDER, EMPLOYEE OR OTHER PERSON WITH AN INTEREST, EITHER DIRECTLY OR INDIRECTLY, IN THE ABOVE COMPANY BEEN CONNECTED IN ANY OFFICIAL CAPACITY WITH, OR BEEN EMPLOYED BY, THE CITY OFSALISBURY  YES  NO IF YES, PLEASE IDENTIFY

ARE YOU ABLE TO RECEIVE PAYMENTS BY ACH?  YES  NO

ARE YOU OR AFFILIATE RATED BY DUNN AND BRADSTREET? [ ] YES [ ] NO RATING:

**LIST THREE (3) SUPPLIERS TO YOUR FIRM:**

NAME	ADDRESS	PHONE

**LIST THREE (3) COMPANIES TO WHOM YOU FURNISH PRODUCTS OR SERVICE:**

NAME	ADDRESS	PHONE

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**ATTENTION MINORITY / WOMAN OWNED BUSINESS**

ALL MINORITY OWNED BUSINESSES ARE REQUESTED TO COMPLETE THE FOLLOWING IN THE MANNER THAT BEST DESCRIBES THEIR BUSINESS. PLEASE CHECK ALL THAT APPLY.

The City of Salisbury, in a concerted effort with other local, state and federal agencies, actively seeks to identify minority businesses and offer them an equal opportunity to participate as providers of goods and services to the City. A minority business is defined as a business which, at minimum, is 51% owned and controlled by ethnic minority group members and/or women.

[ ] African American [ ] Native American [ ] Hispanic American [ ] Asian American [ ] Woman Owned

**I CERTIFY THAT THE INFORMATION PROVIDED HERE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE**

SUBMITTED BY
TITLE
DATE

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A WORD TO POTENTIAL VENDORS - The City of Salisbury requires all purchases of \$1000 or more to be authorized through the issuance of a City of Salisbury Purchase Order. Purchases less than \$1000 (including freight and tax) may be charged by authorized City of Salisbury employees using our Purchasing Card. It is a vendor's responsibility to verify that individuals identifying themselves as City employees are employees in good standing. A single account should be established for the City - individual accounts by Department or Division are not recommended. Vendors who do not accept charge cards should invoice the City's Accounting Division at PO Box 479, Salisbury, NC 28145. The City is NOT exempt from paying sales and uses taxes. Our Federal Taxpayer ID No. is 56-6000237. We are exempt from Federal Excise Tax. All prices should be quoted FOB Destination Prepaid Salisbury, NC.

**IDENTIFY THE COMMODITIES AND SERVICES YOU CAN PROVIDE**

A list of commodity categories representative of the products and services can be accessed at this website <http://www.salisburync.gov/Departments/FinancialServices/Purchasing> listed under the Purchasing Dept. link. Carefully review this list. Enter in the blocks below all commodity categories that your company is interested in providing to the City. Upon receipt of your application, your company will be added to our bidder database providing you with an opportunity to receive notification of bid requests. Please be sure that you have provided the proper information concerning where bid requests should be mailed or faxed on the first page of this application. We encourage you to keep your information up to date.

ENTER THE 3-5 DIGIT COMMODITY CODE CLASSIFICATION FOR EACH PRODUCT OR SERVICE YOUR COMPANY CAN PROVIDE IN THE BLOCKS BELOW FROM THE COMMODITY LIST								
						<u>Commodity Codes</u>		
Commodity Code	Commodity Code	Commodity Code	Commodity Code	Commodity Code	Commodity Code	Commodity Code	Commodity Code	Commodity Code

If a commodity code cannot be identified from the list of commodities or your company is not defined under Type of Business, please provide additional information below.

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