



TOWN OF GARNER - VENDOR APPLICATION

Shannon Fonville, Purchasing Manager

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BIDDERS ARE REQUESTED TO COMPLETE ALL ITEMS **DATE:** _____

| | |
|--|---|
| <input type="checkbox"/> NEW APPLICATION | <input type="checkbox"/> FEDERAL ID OR SOCIAL SECURITY |
| <input type="checkbox"/> NAME AND/OR ADDRESS CHANGE | |
| * ATTACHED W-9 MUST BE COMPLETED AND RETURNED WITH THIS FORM* | |
| 1. Applicant's Name and Mailing Address For Bidding Forms and Purchase Orders | 2. Remit Address for Payments (if different From Item 1.) |
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| | |
| | |
| Telephone #: | Telephone #: |
| Fax # | Fax # |
| 3. Type of Organization | 4. How long in present business? |
| <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit Organization <input type="checkbox"/> Corporation | |
| Is Business Within Town Limits Yes No | Non-minority owned |
| Is Business Within County Limits Yes No | Certified woman owned |
| | Certified minority owned |
| 5. Persons to Contact Regarding Bids or Quotes | |
| Name | Official Capacity |
| Telephone Number | |
| | |
| | |
| Contact Person Email: | |
| 6. Type of Business | |
| <input type="checkbox"/> Manufacturer <input type="checkbox"/> Wholesale Dealer <input type="checkbox"/> Retail Dealer <input type="checkbox"/> Limited Contractor | |
| <input type="checkbox"/> Factory Rep <input type="checkbox"/> Construction <input type="checkbox"/> Utility Work <input type="checkbox"/> Unlimited Contractor | |
| 7. LIST THE SUPPLIES, MATERIALS OR SERVICES PROVIDED BELOW | |
| | |
| | |
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| | |
| **PLEASE ATTACH W-9 FORM WITH APPLICATION** | |
| I HEREBY CERTIFY THAT INFORMATION SUPPLIED HEREIN IS CORRECT | |
| _____ | _____ |
| PRINT OR TYPE NAME & TITLE | SIGNATURE |
| FOR PURCHASING DEPARTMENT USE ONLY | |
| Date Entered | Vendor No. |

