



Division of Business Administration

Vendor Application - It is critical to the University 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: \_\_\_\_\_

2. Dun and Bradstreet number: \_\_\_\_\_

3. Mailing address for payments: \_\_\_\_\_ 4. Mailing address for purchase orders, proposals and bids: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. Contact Person \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Fax #: \_\_\_\_\_

6. In what City and State is your firm licensed? \_\_\_\_\_

If licensed in NC, indicate County (for tax purposes) \_\_\_\_\_

7. Indicate your firm's organizational type:  
Individual \_\_\_ Partnership \_\_\_ Corporation \_\_\_ Governmental Agency \_\_\_ Other \_\_\_\_\_

8. Number of employees? \_\_\_\_\_ 9. Average Gross Revenue (prior 3 fiscal years)? \_\_\_\_\_

10. Is your firm 51 percent or more owned and operated by a woman? Yes \_\_\_ No \_\_\_

If yes, with what governmental agencies are you certified? \_\_\_\_\_

11. Is your firm 51 percent or more minority owned and operated? Yes \_\_\_ No \_\_\_

If Yes, with what governmental agencies are you certified? \_\_\_\_\_

Identify appropriate minority group:

Black American \_\_\_ Native American \_\_\_ Hispanic \_\_\_ Asian/Pacific \_\_\_ Asian Indian \_\_\_

Other \_\_\_\_\_

12. Is your firm incorporated? Yes \_\_\_ No \_\_\_

13. Is your firm a not-for-profit business? Yes \_\_\_ No \_\_\_

14. Is your firm identified as a disabled business? Yes \_\_\_ No \_\_\_

15. Give a brief description of goods or services your firm provides:  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

For Department Completion

Email to: \_\_\_\_\_ or Fax to: \_\_\_\_\_

