



VENDOR APPLICATION

CITY OF GOLDSBORO, NC
FINANCE DEPARTMENT
POST OFFICE DRAWER A
GOLDSBORO, NC 27533
TELEPHONE: 919-580-4354
FAX: 919-580-4290

Please Type or Print Legibly

Vendor #
(City Use Only)

Vendor Name (Legal Business Name)

Date

Federal ID#

Social Security #

ORDER ADDRESS

REMIT ADDRESS

Street:

Street:

Street:

Street:

City:

City:

State:

Zip:

State:

Zip:

Contact Person:

Telephone #

Fax #

Year Established:

Terms:

Discount

Contractor's License#
(If Applicable)

E-Mail Address

Signature:

Describe Nature of Business: (example Electrical Contractor) _____

Specify Type of Business:

_____ Manufacturer

_____ Retail Dealer

_____ Service

_____ Construction

_____ Wholesale Dealer

_____ Architect/Engineer

_____ Other (specify) _____

MINORITY, WOMEN OWNED AND DISABLED BUSINESS ENTERPRISE(MWBE)

To qualify for MWBE vendor status, 51% of the company must be owned and controlled by (single person or group), a minority or a woman. For the purpose of this definition, minority group members are Black Americans, Hispanic Americans, American Indians and/or American Women. To qualify for disabled status, 51% of the company must be owned and controlled by disabled persons.

Disabled

Minority Business Enterprise

Women Business Enterprise

PLEASE COMPLETE AND MAIL OR FAX TO ADDRESS LISTED