



VENDOR APPLICATION

COMPANY NAME: _____

LOCAL ADDRESS: _____ HOME OFFICE ADDRESS: _____

PHONE: (____) _____

(____) _____

SALES REPRESENTATIVE: _____ PHONE: (____) _____

FEDERAL TAX ID NO. _____

NATURE OF BUSINESS – TYPE OF MATERIALS OR SERVICES PROVIDED:

PLEASE INDICATE: (Check one) CORPORATION [] PARTNERSHIP []
INDIVIDUAL []

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

NAME

TITLE

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 OFFICAL CAPACITY WITH, OR BEEN EMPLOYED BY, THE CITY OF SHELBY? _____ (Y OR N)

IF YES, PLEASE NAME THEM: _____

BRIEF HISTORY OF FIRM, INCLUDE DATE FOUNDED: _____

IF THIS FIRM DOES BUSINESS UNDER ANY OTHER NAME(S), PLEASE LIST THEM:

NAME ANY AFFILIATED COMPANIES: _____

ARE YOU AFFILIATE RATED BY DUNN & BRADSTREET? _____ RATE: _____

NAME INDIVIDUALS WITH AUTHORITY TO QUOTE AND/OR SIGN CONTRACTS:

NAME	ADDRESS	PHONE
_____	_____	() _____
_____	_____	() _____
_____	_____	() _____

LIST THREE (3) SUPPLIERS TO YOUR FIRM:

NAME	ADDRESS	PHONE
_____	_____	() _____
_____	_____	() _____
_____	_____	() _____

LIST THREE (3) COMPANIES TO WHOM YOU FURNISH PRODUCTS OR SERVICES THAT WE MAY CONTACT FOR REFERENCES:

NAME	ADDRESS	PHONE
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() _____
() _____
() _____

I CERTIFY THAT THE INFORMATION PROVIDED HEREIN IS TRUE AND EXACT TO THE BEST OF MY KNOWLEDGE.

SIGNED: _____ TITLE: _____ DATE: _____

PLEASE RETURN TO:

CITY OF SHELBY
David Young
Purchasing Manager
PO Box 207
Shelby. NC 28151

(704) 484-6851
(704) 484-6875 FAX