



**ROWAN COUNTY, NORTH CAROLINA
VENDOR INFORMATION FORM**

COMPANY: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

CONTACT: _____

E-MAIL: _____

FEDERAL TAX ID NUMBER (business): _____

SOCIAL SECURITY NUMBER (individual): _____

CONTRACTOR LICENSE NUMBER (if applicable): _____

TYPE OF ORGANIZATION:

_____ Individual _____ Partnership _____ Corporation
_____ Other (explain) _____

OFFICERS, OWNERS OR PARTNERS:

President: _____ Vice President: _____

Secretary: _____ Treasurer: _____

Owners/Partners: _____

TYPE OF BUSINESS:

_____ Manufacturer _____ Registered Dealer _____ Service Establishment
_____ Construction _____ Surplus Dealer _____ Architect/Engineer
_____ Other (specify) _____

PRODUCTS AND/OR SERVICES OFFERED (additional information may be attached):

INDICATE TYPES OF REQUESTS YOUR COMPANY WOULD LIKE TO BE INFORMED OF (check all that apply):

_____ Low-value purchases (less than \$500) _____ Requests for proposals
_____ Informal bids (less than \$30,000) _____ Formal bids (\$30,000 and above)
_____ Construction projects

Please return this form and IRS Form W-9 to:

Rowan County Finance Department
Attn: Purchasing Agent
130 West Innes Street
Salisbury, NC 28144