



**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