

Date: _____

New Vendor Request Form

(IF THIS IS A PROCUREMENT CARD VENDOR-DO NOT REQUEST NEW VENDOR NUMBER IF THEY WILL BE USED LESS THAN 3 TIMES)

Please Type or Print Legibly

Vendor Name:		
Federal ID#	SS#	Vendor#
Years Established	Terms	Discount
W9 Received: <input type="checkbox"/> Yes		
Receipt of W9 required-ATTACHED		
<input type="checkbox"/> Please check if this Vendor is providing a service to the City. If checked, please indicate what type of service: _____ _____ _____		

REMIT ADDRESS	
Street	
Street	
State	Zip Code

Please complete the following ownership status information: See Page 3 for more information:

<input type="checkbox"/> African American Business Enterprise	<input type="checkbox"/> American Indian Business
Enterprise	<input type="checkbox"/> Asian American Business Enterprise
Enterprise	<input type="checkbox"/> Disabled Business
<input type="checkbox"/> Latino Business Enterprise	<input type="checkbox"/> Socially & Economically Disadvantaged
<input type="checkbox"/> Woman Business Enterprise	<input type="checkbox"/> Disadvantaged Business Enterprise
<input type="checkbox"/> Non-Minority	
PLEASE MARK THE CERTIFYING AGENCY	
Certifying Agency (attach a copy of current Certification Letter, if applicable)	
<input type="checkbox"/> NC Office for Historically Underutilized Business (HUB Office)	
<input type="checkbox"/> NC Department of Transportation (NCDOT)	
<input type="checkbox"/> Self-Certified (no current 3 rd party certification)	

Dept/Division Requesting Vendor: _____

Dept/Division Contact Name: _____

Dept/Division Contact Number: _____

The City of Greenville is **NOT TAX EXEMPT**
CITY OF GREENVILLE | FINANCIAL SERVICES / PURCHASING
PO BOX 7207 | 200 West 5th Street
GREENVILLE, NORTH CAROLINA 27858-7207
TELEPHONE: 252-329-4439

THE FORM ATTACHED BELOW MUST BE COMPLETED BY VENDOR AND SUBMITTED WITH NEW VENDOR FORM BEFORE THE VENDOR WILL BE SETUP. IF THIS INFORMATION IS NOT PROVIDED, THE VENDOR CAN NOT BE USED BY THE CITY.

Vendor Name: _____

Vendor Address: Street: _____

City: _____ State: _____ Zip Code: _____

Vendor Phone Number: _____

Vendor Email Address: _____

Name of Bank: _____

Bank Address: Street: _____

City: _____ State: _____ Zip Code: _____

Bank Account Number: _____

Bank Routing Number: _____

(Routing number for automatic payment to your account).

(Please contact your bank to obtain the correct routing number).

PLEASE ATTACH A VOID CHECK