TOWN OF CARRBORO
VENDOR APPLICATION/BIDDER PROFILE

PLEASE COMPLETE ALL DATA - PRINT OR TYPE INFORMATION

VENDOR NAME: _____

FEDERAL ID# _____ **OR SOCIAL SECURITY #** _____

DO YOU REQUIRE A 1099? **YES**_____ **NO**_____

MAILING ADDRESS FOR PAYMENTS: _____

_____

_____

MAILING ADDRESS FOR POs & BIDS: _____

_____

_____

CONTACT PERSON: _____

TELEPHONE# _____ **FAX#** _____

CITY AND STATE YOUR FIRM IS LICENSED? _____

TYPE OF ORGANIZATION: ___**CORPORATION** ___ **INDIVIDUAL** ___ **OTHER**
___ **PARTNERSHIP** ___ **GOVERNMENT AGENCY**

MINORITY OWNED BUSINESS ____ **YES** ____ **NO**
WOMAN OWNED BUSINESS ____ **YES** ____ **NO**

A BRIEF DESCRIPTION OF GOODS OR SERVICES YOUR COMPANY PROVIDES:

_____

_____

SIGNATURE: _____**TITLE**_____

PRINT NAME_____

RETURN TO: **SANDY SVOBODA, PURCHASING OFFICER**
301 WEST MAIN STREET
CARRBORO, NC 27510
(919) 918-7301 FAX (919) 918-4456
email: ssvoboda@townofcarrboro.org