



**Finance Department  
Purchasing**

144 North Second Street, Albemarle NC 28001  
P O Box 190, Albemarle, NC 28002-0190  
704-984-9444 / 704-984-9448 Fax  
CoA-PurchaseOrders@ci.albemarle.nc.us

**VENDOR INFORMATION**

Individual's Name \_\_\_\_\_ Doing Business As \_\_\_\_\_

Name of Company/Corporation \_\_\_\_\_

Federal ID # \_\_\_\_\_ DUNS # \_\_\_\_\_ Contractor License # \_\_\_\_\_

Street Address \_\_\_\_\_ County \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax \_\_\_\_\_

Website \_\_\_\_\_

Email Address for Purchase Order \_\_\_\_\_

- PO Mailing Address (if not possible to email) \_\_\_\_\_
- Sales Rep \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Email Address \_\_\_\_\_

Email Address for EFT Advice \_\_\_\_\_

- Remittance Mailing Address (for printed check option) \_\_\_\_\_
- A/R Contact \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Email Address \_\_\_\_\_

Payment Terms \_\_\_\_\_ Discount Terms \_\_\_\_\_

To qualify as a Minority provider, at least **51%** of your company must be owned, operated, and managed by one or more individuals who fall within the checked category. If your company has been certified as such by the NC Department Administration, Historically Underutilized Business Office, Raleigh NC, please attach a copy of your Certificate.

***Ethnic Category (Please check one):***

- American Indian       Asian American     Black, African American     Disabled     Female     Hispanic
- Socially Disadvantaged     Economically Disadvantaged

**Please list the type product(s) or service(s) that your company can provide:** \_\_\_\_\_

<b>Authorized Signature</b>	<b>Title</b>	<b>Date</b>
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<b>Office Use Only:</b> Date Received _____ / Method: <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Fax / Coordinator: _____ / AP: _____	Purchasing Vendor Number _____
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