



Vendor Registration Form

Note: All fields on this form must be complete to process your registration.

- New Registration
 Update Existing Record
 Vendor ID _____

Date of Completion: _____

Company Name: _____

At least one Contact Name, Phone #, and Email Address is required to complete Vendor Registration

<p style="text-align: center;"><u>Company Headquarters Physical Address</u> (No PO Box #'s)</p> <p>Street Address: _____</p> <p>City: _____</p> <p>State: _____ Zip: _____</p> <p>County (For NC Vendors): _____</p>	<p style="text-align: center;"><u>Company Contact Information</u></p> <p>Contact Name: _____</p> <p>Job Title: _____</p> <p>Email: _____</p> <p>Phone#: _____</p> <p>Fax #: _____</p>
<p style="text-align: center;"><u>Payment Mailing Address</u></p> <p><input type="checkbox"/> Use Company Headquarters Physical Address (Company Name / Payment Address as shown on Invoice)</p> <p>Company Name: _____</p> <p>Street Address: _____</p> <p>City: _____</p> <p>State: _____ Zip: _____</p> <p>Standard Payment Terms: _____</p>	<p style="text-align: center;"><u>Purchase Order Mailing Address</u></p> <p><input type="checkbox"/> Use Company Headquarters Physical Address</p> <p>Company Name: _____</p> <p>Street Address: _____</p> <p>City: _____</p> <p>State: _____ Zip: _____</p> <p>Shipping Terms: _____</p>
<p style="text-align: center;"><u>Payment Contact Information</u></p> <p><input type="checkbox"/> Use Company Contact Information</p> <p>Contact Name: _____</p> <p>Job Title: _____</p> <p>Email: _____</p> <p>Phone#: _____</p> <p>Fax #: _____</p>	<p style="text-align: center;"><u>Purchasing Contact Information</u></p> <p><input type="checkbox"/> Use Company Contact Information</p> <p>Contact Name: _____</p> <p>Job Title: _____</p> <p>Email: _____</p> <p>Phone#: _____</p> <p>Fax #: _____</p>
<p style="text-align: center;"><u>Ownership Race/Ethnicity*</u></p> <p> <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Caucasian </p>	<p style="text-align: center;"><u>Ownership Gender*</u></p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>
<p> <input type="checkbox"/> Disadvantaged Business Enterprise <input type="checkbox"/> Historically Underutilized Business <input type="checkbox"/> Veteran Owned <input type="checkbox"/> Local (State of NC) <input type="checkbox"/> Local (Cumberland County, NC) </p>	
<p style="text-align: center;">*Ownership is determined by the majority (greater than 51%) ownership of the company. Race and gender ownership information is for statistical purposes only.</p>	



Please list at least 3 business references for your services	
<p style="text-align: center;"><u>Reference 1</u></p> <p>Name: _____</p> <p>Title: _____</p> <p>Organization: _____</p> <p>Phone: () - _____</p> <p>Email: _____</p>	<p style="text-align: center;"><u>Reference 2</u></p> <p>Name: _____</p> <p>Title: _____</p> <p>Organization: _____</p> <p>Phone: () - _____</p> <p>Email: _____</p>
<p style="text-align: center;"><u>Reference 3</u></p> <p>Name: _____</p> <p>Title: _____</p> <p>Organization: _____</p> <p>Phone: () - _____</p> <p>Email: _____</p>	<p style="text-align: center;"><u>Reference 4</u></p> <p>Name: _____</p> <p>Title: _____</p> <p>Organization: _____</p> <p>Phone: () - _____</p> <p>Email: _____</p>
<p><input type="checkbox"/> I certify that all information provided by this Vendor Registration Form is accurate and complete in all respects.</p>	
Signature: _____	Date: _____
Print Name: _____	
<p>Completed form, <u>current W9</u> and any other information you would like to provide can be emailed to CityPurchasingDept@ci.fay.nc.us (preferred), faxed to 910-433-1680 or send via postal mail to:</p> <p style="text-align: center;"> City of Fayetteville Purchasing Department c/o: Vendor Registration 433 Hay Street 2nd Floor Finance Office Fayetteville, NC 28301-5537 </p>	