



City of Fayetteville  
 Purchasing Division  
 433 Hay Street, 2<sup>nd</sup> Floor, Fayetteville, NC 28301  
 Phone: 910-433-1942 Fax: 910-433-1680 Email: CityCOFPurchasingDept@FayettevilleNC.gov

## 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;"><b><u>Company Headquarters Physical Address</u></b>  <small>(No PO Box #'s)</small></p> <p>Street Address: _____        _____        City: _____        State: _____ Zip: _____        County (For NC Vendors): _____</p>	<p style="text-align: center;"><b><u>Company Contact Information</u></b></p> <p>Contact Name: _____        Job Title: _____        Email: _____        _____        Phone#: _____        Fax #: _____</p>
<p style="text-align: center;"><b><u>Payment Mailing Address</u></b></p> <p><input type="checkbox"/> Use Company Headquarters Physical Address  <small>(Company Name / Payment Address as shown on Invoice)</small></p> <p>Company Name: _____        Street Address: _____        _____        City: _____        State: _____ Zip: _____        Standard Payment Terms: _____</p>	<p style="text-align: center;"><b><u>Purchase Order Mailing Address</u></b></p> <p><input type="checkbox"/> Use Company Headquarters Physical Address</p> <p>Company Name: _____        Street Address: _____        _____        City: _____        State: _____ Zip: _____        Shipping Terms: _____</p>
<p style="text-align: center;"><b><u>Payment Contact Information</u></b></p> <p><input type="checkbox"/> Use Company Contact Information</p> <p>Contact Name: _____        Job Title: _____        Email: _____        _____        Phone#: _____        Fax #: _____</p>	<p style="text-align: center;"><b><u>Purchasing Contact Information</u></b></p> <p><input type="checkbox"/> Use Company Contact Information</p> <p>Contact Name: _____        Job Title: _____        Email: _____        _____        Phone#: _____        Fax #: _____</p>
<p style="text-align: center;"><b><u>Ownership Race/Ethnicity*</u></b></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;"><b><u>Ownership Gender*</u></b></p> <p><input type="checkbox"/> Male    <input type="checkbox"/> Female</p>
<input type="checkbox"/> Disadvantaged Business Enterprise <input type="checkbox"/> Historically Underutilized Business	





City of Fayetteville  
 Purchasing Division  
 433 Hay Street, 2<sup>nd</sup> Floor, Fayetteville, NC 28301  
 Phone: 910-433-1942 Fax: 910-433-1680 Email: CityCOFPurchasingDept@FayettevilleNC.gov

The city requires a taxpayer identification number in order to register. It may be either an employer identification number (EIN) issued by the IRS, or your social security number. If you receive payment from the City, your tax ID number will be reported to the Internal Revenue Service for federal tax withholding purposes. Failure to provide a tax ID number may result in: (a) federal tax backup withholding; (b) withholding of payment by the City; and / or (c) disqualification from participating in City contracts. For information on obtaining an EIN, go to the link listed below.  
<https://www.irs.gov/businesses/small-businesses-self-employed/apply-for-an-employer-identification-number-ein-online>

Tax ID # \_\_\_\_\_

**Please list at least 3 business references for your services**

<u>Reference 1</u>	<u>Reference 2</u>
Name: _____	Name: _____
Title: _____	Title: _____
Organization: _____	Organization: _____
Phone: (    )       - _____	Phone: (    )       - _____
Email: _____	Email: _____
<u>Reference 3</u>	<u>Reference 4</u>
Name: _____	Name: _____
Title: _____	Title: _____
Organization: _____	Organization: _____
Phone: (    )       - _____	Phone: (    )       - _____
Email: _____	Email: _____

I certify that all information provided by this Vendor Registration Form is accurate and complete in all respects.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Completed form, **current W9** and any other information you would like to provide can be emailed to CityCOFPurchasingDept@FayettevilleNC.gov (preferred), faxed to 910-433-1680 or send via postal mail to:

**City of Fayetteville**



City of Fayetteville  
Purchasing Division  
433 Hay Street, 2<sup>nd</sup> Floor, Fayetteville, NC 28301  
Phone: 910-433-1942 Fax: 910-433-1680 Email: CityCOFPurchasingDept@FayettevilleNC.gov

Purchasing Department  
c/o: Vendor Registration  
433 Hay Street  
2<sup>nd</sup> Floor Finance Office  
Fayetteville, NC 28301-5537