



Vendor Application
 232 Matthews Station Street
 Matthews, NC 28105
 (704)847-4411 Fax (704)845-1964
 accountspayable@matthewsnc.com

 Corporate Name

 Date

 DBA (Doing Business As)

 Federal ID or SSN

Check one of the following: Corporation Sole Proprietorship Partnership Other _____

Remit Address			Contact Information	
Street Address or PO Box			Contact Name	
City	State	Zip Code	Phone Number	Fax Number
County			Email Address	Web Address

Terms: Upon Receipt Net 10 Net 20 Net 15 Net 30 Other _____

Is this firm a Minority Business Enterprise? Yes No

If you answered Yes, please check the appropriate box:

Disabled Minority Business Enterprise Women Business Enterprise

To qualify for MWBE status, 51% of the company must be owned and controlled by minority groups or women. For the purpose of this definition, minority group members are Black Americans, Hispanic Americans, American Indians, Asian American and/or American Women. To qualify for Disabled status, 51% of the company must be owned and controlled by disabled persons.

Please list the type of product(s) and/or Service(s) your company can provide:

 Signature

 Title

 Date

IRS Form W-9 must accompany the vendor application. Payments will not be processed without both documents.

FOR OFFICE USE ONLY

Vendor # _____

Date _____

By _____