



Vendor Application

Town of Matthews

232 Matthews Station St
Matthews, NC 28105

Attn: Accounts Payable
Phone: (704) - 847 - 4411
Fax: (704) - 845 - 1964

Please Type or Print Legibly

Vendor Name _____

Date _____

Federal ID # _____ or SS # _____

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

ORDER ADDRESS			PAYMENT ADDRESS		
Street			Street		
Street			Post Office Box		
City			City		
County	State	Zip Code	County	State	Zip Code

CONTACT PERSON	TELEPHONE NUMBER	EMAIL ADDRESS:
	FAX NUMBER	WWW ADDRESS:

YEAR ESTABLISHED	TERMS	DISCOUNT
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CONTRACTOR'S LICENSE # (if applicable) _____

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.

Product(s) and/or Service(s)

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

Signature _____ Title _____

Date _____

Vendor # Assigned _____ Date _____ By _____