



Vendor Registration Form

NOTE: All fields on this form must be complete to process your registration.
Incomplete information may result in delays in registration and/or payment.

New Registration

Update Existing Record
Vendor ID _____

Company Name: _____

Legal Name: _____

(As shown on IRS Tax Forms)

Company Headquarter's Physical Address (No PO Box #s) Street Address: _____ _____ _____ City: _____ State: _____ Zip: _____ County (NC/SC only): _____	Company Contact Information Company Email: _____ (Email Address Purchase Orders should be sent to. If available, use generic email, such as Sales@company.org) Company Phone #: _____ Company Fax #: _____ Company Website Address: _____
Payment Mailing Address (Company Name and Payment Address as shown on Invoice) Company Name: _____ Street Address: _____ _____ City: _____ State: _____ Zip: _____	Payment Contact Information <input type="checkbox"/> Use Company Contact Information Email: _____ Phone #: _____ Fax #: _____ Contact Name: _____
Purchase Order Mailing Address <input type="checkbox"/> Use Company Headquarter's Physical Address Street Address: _____ _____ City: _____ State: _____ Zip: _____	Purchasing Contact Information <input type="checkbox"/> Use Company Contact Information Email: _____ Phone #: _____ Fax #: _____ Contact Name: _____
Ownership Race/Ethnicity* <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Caucasian	Ownership Gender* <input type="checkbox"/> Male <input type="checkbox"/> Female
<small>*Ownership is determined by the majority (greater than 50%) ownership of the company. Race and gender ownership information is for statistical purposes only and is required to complete your application.</small>	
Company Business Type <input type="checkbox"/> Architectural, Engineering & Surveying <input type="checkbox"/> Construction Related <input type="checkbox"/> Professional Services <input type="checkbox"/> Goods & Supplies <input type="checkbox"/> Other Services	

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



CHARLOTTE.

City of Charlotte
Management and Financial Services, Finance - Procurement Management
600 E. 4th Street; 9th Floor; Charlotte, NC 28202-2850
704-432-4777 (phone) 704-632-8473 (fax)

Goods and/or services provided by your company

List all applicable Commodity Codes pertaining to the goods and/or services provided by your company on the lines below.

Please refer to the City's Master List of Commodity Codes at the link below for assistance determining codes:

<http://charlottenc.gov/vendors>

Charlotte Business INclusion

The Charlotte Business INclusion program is designed to promote diversity, inclusion, and local business opportunities in the City's contracting and procurement process for businesses headquartered in the Charlotte CSA*. If you are interested in learning about how to participate in the program as a Minority/Woman/ or Small Business Enterprise (MWSBE), please call 704-336-4137 or email the address below:

charlottebusinessinclusion@charlottenc.gov

*The Charlotte CSA includes the following counties within the state of North Carolina: Anson, Cabarrus, Gaston, Lincoln, Mecklenburg, Rowan, Union, Cleveland, Iredell, Stanly; and the following counties in South Carolina: York, Chester and Lancaster. For more information on the Charlotte Business INclusion program, go to the link listed below:

<http://charlottebusinessinclusion.com>

Taxpayer Identification Number

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.

[http://www.irs.gov/Businesses/Small-Businesses-&-Self-Employed/Apply-for-an-Employer-Identification-Number-\(EIN\)-Online](http://www.irs.gov/Businesses/Small-Businesses-&-Self-Employed/Apply-for-an-Employer-Identification-Number-(EIN)-Online)

Tax ID # _____ **OR** Social Security # _____

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

Signature

Type or Print Name

Date

Completed form and a **current W9** can be emailed to ssvendoradmin@charlottenc.gov (preferred), faxed to 704-632-8473 or send via postal mail to:

City of Charlotte
c/o Vendor Administration
Mgmt & Financial Svcs/Procurement Management
600 E. 4th Street; 9th Floor
Charlotte, NC 28202-2850