

**Mooreville Graded School District**  
**305 N Main Street**  
**Mooreville, NC 28115**  
**TELEPHONE 704-658-2530 FAX 704-663-3005**

**VENDOR DATA FORM**

**List vendor's complete (official) name. Employee or individual, list middle initial.**

Vendor/Person's Official Name: \_\_\_\_\_

**Ordering Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Remit To Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Will your company accept an official school purchase order? \_\_\_\_\_ Yes \_\_\_\_\_ No

Would prepayment be required? \_\_\_\_\_ Yes \_\_\_\_\_ No

Shipping/Freight Charges? \_\_\_\_\_ Yes \_\_\_\_\_ No

1. According to the N.C. General Statues, the school system must report purchases made from Minority, Women, Disabled, and Blind owned Business Enterprises. Please check applicable categories below:

**Business Information:**

\_\_\_\_\_ Minority Owned \_\_\_\_\_ Woman Owned \_\_\_\_\_ Disabled Owned \_\_\_\_\_ Blind  
\_\_\_\_\_ None of the above

**Type of Business:**

\_\_\_\_\_ Service Company \_\_\_\_\_ Commodity Company \_\_\_\_\_ Recyclable Products Company  
\_\_\_\_\_ Government Agency \_\_\_\_\_ State Contract Vendor

2. Will your company be performing any of the following services? If YES, please circle the event. (4% Tax will be withheld for out-of-state vendors unless you have a Certificate of Authority in North Carolina issued by the State)

WORKSHOP      PERFORMANCE      ENTERTAINMENT      ATHLETIC EVENT      SPEECH  
CREATION OF FILM, RADIO, TV PROGRAM

3. Is this company incorporated? \_\_\_\_\_ Yes \_\_\_\_\_ No. SS or Tax ID# \_\_\_\_\_

4. Are you an employee of the Mooreville Graded School System? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes; Location: \_\_\_\_\_ SS No.: \_\_\_\_\_

According to IRS regulations, the school system is required to file a 1099-Misc form with the firm if ;

We made payment to someone who is not our employee.

We made payment for services rendered in the course of our business.

We made payment to someone other than a corporation (i.e. an individual or a partnership).

We made payment to you for at least \$600.00 during the year.

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