

Vendor Number Assigned: \_\_\_\_\_



## Bladen County Schools **REQUEST FOR VENDOR NUMBER**

*Vendor Number Request Forms must be completed and e-mailed to the Accounts Payable Department.*

**Required fields are highlighted.**

- Your request cannot be processed until all required fields have been completed.

A W-9 Form **MUST** accompany all contracted services and business vendor number requests. This information is necessary for any person or company doing business with Bladen County Schools. It is used for 1099 Federal Tax Reporting, NC Sales & Use Tax Reporting and Minority Vendor Reporting.

**Vendor Name:** \_\_\_\_\_ **INC:** \_\_\_\_\_  
*(full legal name) (Yes / No)*

**DBA (doing business as):** \_\_\_\_\_

**Address Line 1:** \_\_\_\_\_

**Address Line 2:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**County:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Remit to Vendor (if different):** \_\_\_\_\_

**Remit to Address (if different):** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

**e-Mail Address:** \_\_\_\_\_  
*(where purchase orders can be emailed)*

**Federal Tax ID # or SSN:** \_\_\_\_\_ **Employee:** \_\_\_\_\_  
*(mandatory) (Yes / No)*

**If you are a registered HUB vendor with the state of NC, please check all that apply:**

- NC Minority Status:**
- |  |   |
|--|---|
| <input type="checkbox"/> Black           | <input type="checkbox"/> Female-Owned   |
| <input type="checkbox"/> Hispanic        | <input type="checkbox"/> Disabled-Owned                                       |
| <input type="checkbox"/> Asian American  | <input type="checkbox"/> Disabled-Owned Business Enterprise                   |
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Socially & Economically Disadvantaged                |
| <input type="checkbox"/> Not Applicable  | <input type="checkbox"/> Non-Profit Work Center for Blind / Severely Disabled |

**Submitted By:** \_\_\_\_\_

**School / Department:** \_\_\_\_\_