

VENDOR NUMBER REQUEST FORM

Please use this form for all vendor requests.
If you are using this form to submit changes to an existing vendor (new address, phone, fax, etc)
please be sure to include the vendor number for reference.

VENDOR NUMBER REQUESTED BY: _____

PRIMARY NUMBER: _____ **LOCATION NUMBER:** _____

FEDERAL ID NUMBER: _____

BUSINESS NAME: _____

BUSINESS (ORDERS) ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

PHONE: _____ **FAX:** _____

EMAIL: _____

BUSINESS (REMIT) ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

PHONE: _____ **FAX:** _____

EMAIL: _____

CONTACT NAME: _____

HUB DESCRIPTION	CHECK IF APPLICABLE
MINORITY BUSINESS ENTERPRISE	
WOMAN BUSINESS ENTERPRISE	
DISABLED-OWNER ENTERPRISE	
DISABLED BUSINESS ENTERPRISE	
NON PROFIT WORK CENTER	
BLACK	
HISPANIC	
ASIAN AMERICAN	
AMERICAN INDIAN	
DISADVANTAGED	
FEMALE	

RED AREAS REQUIRED FOR VENDOR NUMBER TO BE ISSUED
BLUE AREAS ARE OPTIONAL

EMAIL this form to the Finance Department at lbowman@alexander.k12.nc.us
You will receive an email with the new vendor number.