



Guilford
COUNTY SCHOOLS

CONTRACTOR/VENDOR APPLICATION

PURCHASING DEPARTMENT

714 Green Valley Rd
Greensboro, NC 27408
Phone: (336) 370-3242
FAX: (336) 271-3346

Email: purchasing@gcsnc.com

Please Print Legibly

Company Name _____

Email:	Date:
--------	-------

Office Address	
Street	
City	
State	Zip Code

Pay Address	
Street	
City	
State	Zip Code

Contact Person

Telephone

FAX #

Year Established

GCS Payment Terms are Net 30 days
--

Discount

☐ Attach a copy of Certificate of Insurance (COI)
☐ Attach a copy of W-9

Federal ID# or Soc. Sec.# if individual

Federal ID # or Social Security # must be provided before payment can be made

Do you require a 1099? Yes____ No____ Are you incorporated? Yes____ No____

Do you accept Purchase Orders (POs)? Yes____ No____

Are you or any family member employed by Guilford County Schools or serve on the Board of Education?

Yes____No____If yes, please identify_____

Construction Trade(s), Professional Service(s), and/or Product(s)

Please list the type Construction Trade(s), Professional Service(s), and/or Product(s) that your company can provide.

What is your target volume (in dollars) for a single project?

☐ under \$50,000	☐ \$50,000 - \$100,000	☐ \$100,00 - \$300,000	☐ \$300,000 - \$500,000
☐ \$500,000 - \$1,000,000	☐ \$1,000,000 - \$5,000,000	☐ above \$5,000,000	

Customer Business References

1.	Customer Name	
	Address	
	Contact Person	
	Telephone Number	
	Type of Trade/Product/Service provided	
	Date Product/Service Provided	
2.	Customer Name	
	Address	
	Contact Person	
	Telephone Number	
	Type of Trade/Product/Service provided	
	Date Product/Service Provided	