

Vendor Application

MACON COUNTY FINANCE DEPARTMENT 5 WEST MAIN STREET FRANKLIN, NC 28734

COMPANY NAME:			
FEDERAL TAXPAYER ID NUMBER (OR S	SN FOR INDIVIDUAL):		
MAILING ADDRESSES: PURCHASE ORDERS:			
STREET OR P.O. BOX			
CITY	STATE	ZIP CODE	
TELEPHONE	FAX	EMAIL	
BID REQUESTS (IF DIFFERENT FF	ROM PURCHASE ORDER ADDRE	SS SHOWN ABOVE):	
STREET OR P.O. BOX			
CITY			
TELEPHONE	FAX	EMAIL	
SALES REPRESENTATIVE(S): INSIDE SALES			
NAME:		PHONE:	
OUTSIDE SALES			
NAME:		PHONE:	
NAME OF INDIVIDUAL(S) WITH AUTHOR			
NAME	TITLE	PHONE	
MACON COUNTY PRIVILEGE LICENSE N	IMBER (IF APPI ICARI F)		
TYPE OF BUSINESS (DESCRIBE BUSINE	SS HERE):		

	CORPORATION	PARTNERSHIP	INDIVIDUAL	
DATE	ESTABLISHED/FOUNDED:			
OFFIC	ERS OF CORPORATION, PARTN NAME	ERS, OR MEMBERS OF FIRM AND TITE	ile:	
STOCI INDIR	KHOLDER, EMPLOYEE OR OTHE	DURING THE LAST 12 MONTHS, HAS A R PERSON WITH INTEREST, EITHER I Y BEEN CONNECTED IN ANY OFFICIA Y YES NO	DIRECTLY OR	
LIST T	HREE (3) SUPPLIERS TO YOUR		PUONE	
	NAME	ADDRESS	PHONE	
LIST T	HREE (3) COMPANIES TO WHO	YOU FURNISH PRODUCTS OR SERVICE	DES:	
	NAME	ADDRESS	PHONE	

I CERTIFY THAT THE INFORMATION PROVIDED HERE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

ACCOUNTE TO THE DECT OF WIT KNOWLEDGE.	
SUBMITTED BY	
TITLE	
DATE	
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Upon receipt of your application, your company will be added to our bidder database providing you with an opportunity to receive notification of bid requests. Please be sure that you have provided the proper information concerning where bid requests should be mailed or faxed on the first page of this application. We encourage you to keep your information up to date. If you would like to list other commodities that your company is interested in providing to the County, please do so below.	