



The City of Greenville, SC

DATE _____

VENDOR APPLICATION

FIRST NAME _____ LAST NAME _____

COMPANY NAME _____

DBA (if applicable) _____

PHYSICAL ADDRESS _____

CITY _____ STATE _____ ZIP _____

REMIT TO ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NO. (____) _____ FAX NO. (____) _____

E-MAIL ADDRESS _____

FEDERAL ID NO. _____ YEARS IN BUSINESS _____

CITY POINT OF CONTACT (Please specify your City point of contact & their Department):

MAJOR COMMODITY/SERVICE OFFERED _____

MINORITY STATUS (Required)

Enter appropriate letter in the box

A - African American Certified

B - Asian Certified

D - Veteran / Disabled Certified

F - Female Certified

G - Native American Certified

H - Hispanic Certified

N - None

S - Small Business

W - Woman owned

Y - Minority (to be used if **not** Certified, Small Business or Woman owned)

PLEASE RETURN THIS INFORMATION TO: **Your City contact.**

City contact will submit to the City of Greenville, SC Purchasing Department for approval.

OFFICE USE ONLY

APPROVED

Purchasing Administrator

Date