



Vendor Application

Town of Mooresville

Company Name _____ Date _____

Federal ID Number _____
 SSN for Individual _____

Mailing Addresses

Purchase Orders: Street or PO Box _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 Email address _____

Bid Requests: Street or PO Box _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 Email address _____

Sales Representative _____ Phone No. _____

What best describes your organization

Service Construction Manufacturer Distributor Other

Contacts

Name: _____ Title _____
 Name: _____ Title _____
 Name: _____ Title _____

Please list the type product(s) or service(s) that your company can provide:

Year Established _____ Standard terms _____

Contractor License# (if applicable) _____

Minority Business? Yes No If Yes, what type _____

(Black, Hispanic, Asian American, American Indian, Female, Socially and Economically Disadvantaged)

Minority status certified? By what agency _____

Please attach copy of certification

To qualify for MWBE status, 51% of the company must be owned and controlled by minority groups (listed above) and/or American Women. To qualify for Disabled status, 51% of the company must be owned and controlled by disabled persons.

Please list two references to which you provide products or services to:

Company: _____ Contact _____
 Company: _____ Contact _____

Return to:

Town of Mooresville Purchasing Office – PO Box 878 – Mooresville, NC 28115

Fax – (704) 799-4135

email dwhitaker@ci.mooresville.nc.us