



CITY OF NEW BERN

Vendor Application

Please Type or Print Legibly

Date: _____ Vendor Name: _____

Federal ID # _____ SS # _____ Vendor # _____

ORDER ADDRESS		PAY ADDRESS	
Street		Street	
Post Office Box		Post Office Box	
City		City	
State	Zip Code	State	Zip Code

CONTACT PERSON	EMAIL ADDRESS
TELEPHONE NUMBER ()	FAX NUMBER ()

YEAR ESTABLISHED	TERMS	DISCOUNT
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CONTRACTOR'S LICENSE # (if applicable)	SIGNATURE
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This firm certifies that it is a: (Circle all that apply)

Disabled

Minority Business Enterprise

Women Business Enterprise

To qualify for MWBE status, 51% of the company must be owned and controlled by minority groups or women. For the purpose of this definition, minority group members are Black Americans, Hispanic Americans, American Indians and/or American Women. To qualify for Disabled status, 51% of the company must be owned and controlled by disabled persons.

Products and/or Services

Please list the type product(s) and/or service(s) that your company can provide.

_____	_____	_____
_____	_____	_____
_____	_____	_____

Return completed application by mail or fax to:

City of New Bern
Attn: Purchasing/Warehouse
P.O. Box 1129
New Bern, NC 28563-1129
Fax: (252) 636-2938

For questions, call Purchasing/Warehouse at:

(252) 639-2800