

# TOWN OF SWANSBORO NEW VENDOR INFORMATION

910-326-4428

**PLEASE EMAIL FORM TO:**  
**amastracco@ci.swansboro.nc.us**

DATE: \_\_\_\_\_

VENDOR NAME: \_\_\_\_\_

VENDOR ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

VENDOR PHONE NUMBER: \_\_\_\_\_

VENDOR CONTACT PERSON: \_\_\_\_\_

TAX ID NUMBER: \_\_\_\_\_

INCORPORATED COMPANY: ☐ YES ☐ NO

*IF NOT INCORP. NEED 1099 FORM*

EMAIL ADDRESS: \_\_\_\_\_

**MAKE CHECK PAYABLE TO:** \_\_\_\_\_

**REMIT PMT TO ADDRESS:** \_\_\_\_\_

ARE YOU A CERTIFIED MINORITY BUSINESS ☐ YES ☐ NO

IF YOU ANSWERED YES, PLEASE CHECK THE APPROPRIATE BOX:

- |  |   |
|--|---|
| <input type="checkbox"/> AFRICAN AMERICAN  | <input type="checkbox"/> FEMALE                                       |
| <input type="checkbox"/> HISPANIC  | <input type="checkbox"/> ASIAN AMERICAN                               |
| <input type="checkbox"/> AMERICAN INDIAN   | <input type="checkbox"/> DISABLED AS DEFINED IN GS 168-1 OR GS 168A-3 |
| <input type="checkbox"/> NON-PROFIT WORK CENTER FOR BLIND; SEVERELY DISABLED AS DEFINED IN GS 143-48 |   |
| <input type="checkbox"/> SOCIALLY & ECONOMICALLY DISADVANTAGED AS DEFINED IN 15 USC 637              |   |

**IF WE DO NOT HAVE THE VENDOR ON FILE, THIS FORM MUST BE  
SUBMITTED WITH INVOICE, OR THE INVOICE WILL NOT BE PAID.**

THANK YOU,

FINANCE DEPARTMENT