

TOWN OF SWANSBORO

NEW VENDOR INFORMATION

910-326-4428

910-326-3101 (FAX)

PLEASE EMAIL FORM TO:

amastracco@ci.swansboro.nc.us

DATE: _____

VENDOR NAME: _____

VENDOR ADDRESS: _____

VENDOR PHONE NUMBER: _____

VENDOR CONTACT PERSON: _____

TAX ID NUMBER: _____

(FORM W-9 REQUIRED ON FILE)

INCORPORATED COMPANY: ☐ YES ☐ NO

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 | |

THANK YOU,

FINANCE DEPARTMENT