City of Gastonia, NC - Vendor Application

Please Print or Type Information	Date:
Federal ID Number:	Vendor Number: CITY USE ONLY
Social Security Number:	Incorporated?: YES NO

	Remittance Address (If Different)
Vendor Name:	
D.B.A. (if different):	
Street Address:	
Post Office Box:	
City:	
State:	
Zip Code:	
County:	

Phone: ( )	Fax:

E-mail Address:

Web Address:

To qualify for W/MBE status, 51% of the company MUST be owned, operated AND controlled by an individual or a group that is disabled, a minority, or female.

Are you a minority business? YES NO
If yes, which minority group?

Do you accept credit cards? YES NO

Contact:

Name:	Phone:
Toll Free Number:	Cell Phone:

Contractor's License (if applicable):

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

This form was filled out by:

Name:	Title:

Please the use the back of this form for additional information. Return to:
City of Gastonia Purchasing Division-P.O. Box 1748-186 W Franklin Blvd-Gastonia, NC-28053
Phone: (704) 866-6801 Fax: (704) 869-1939