



Vendor Information

Teneil Price, Purchasing

401 West St Suite 201 | P O Box 349 | Dillon, SC 29536 | **Phone:** (843) 841-8824 | **Fax:** (843) 841-8830

Individual's Name _____ Doing Business As _____

Name of Company/Corporation _____

Federal ID # _____ DUNS # _____ Contractor License # _____

Street Address _____ County _____

Mailing Address _____

Telephone Number _____ Fax _____

Website _____

Email Address for Purchase Order _____

- PO Mailing Address (if not possible to email) _____

- Sales Rep

_____ Phone _____ Fax _____

Email Address _____

Email Address for EFT Advice _____

- Remittance Mailing Address (for printed check option)

- A/R Contact _____ Phone _____

Fax _____

Email Address _____

Payment Terms _____

Discount Terms _____

<p>To qualify as a Minority provider, at least 51% of your company must be owned, operated, and managed by one or more individuals who fall within the checked category. If your company has been certified please attach your certificate.</p>				
<p>Ethnic Category (Please check one):</p>				
<input type="checkbox"/> American Indian	<input type="checkbox"/> Asian American	<input type="checkbox"/> Black/African American		
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Disabled	<input type="checkbox"/> Female	<input type="checkbox"/> Socially Disadvantaged	<input type="checkbox"/> Economically Disadvantaged

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

Authorized Signature	Title	Date
-----------------------------	--------------	-------------

<i>Office Use Only:</i> Date Received _____ / Method: <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Fax / Purchasing Coordinator: _____ / AP: _____ Vendor Number _____
