

Office Use Only	
Vendor #	

Vendor Information Form

Please return completed form and a Form W-9 to:

CCS Purchasing Department	FAX: 910-678-2380
2491 Gillespie Street	E-mail: purchasing@ccs.k12.nc.us
Fayetteville, NC 28306	

Please check one:	NEW VENDOR	VENDOR CHANGE	Date:	
Requested by Co	CS Employee (Name):		Telephone:	

Section II: To be completed by vender	Section II:	To be	completed	b١	vend	lo
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Section II: To be completed by vendor																									
	1																								
Vendor Name:																									
Federal Tax ID:		- OR Social Security #: -													-										
ORDER ADDRESS REMITTANCE ADDRESS (if different from Order Address)																									
Street (line 1)	Street (line 1) Street (line 1)																								
Street (line 2)										S	Str	eet (line	2)												
City												Ci	ity												
State		Zip							State						7	Zip									
Phone (Required) Contact Person																									
Fax E-mail																									
Company Wel	osite																								
Are you registere	d with	n the	Nor	th Ca	aroli	na F	-Proc	ure	mei	nt Svs	tem	?	1												
More informa										5 , 5		•			YES						NO				
For state required reporting, are you a NC recognized Historically Underutilized Business (HUB)? YES NO																									
More informat												VΩ	ur		YES						NO				
Are you an employee of Cumberland County Schools or are any of your company's principal officers, owners or employees currently employed State relationship:									110																
with Cumberland	Coun	ty Sc	hool	ls?																					
Section III: For CCS Purchasing Department Use Only																									
Vendor qualificat																									
Vendor is barred from doing business with the Federal government per www.sam.gov . YES NO																									
Vendor is barred	d fron	n doi	ng b	ousir	ness	wit	h the	Sta	ate	of NO	C per	r N	IC Deba	rrec	d Vend	dor	ist.		ΥI	ES			NO		
											-														