



Purchasing Department
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To: CUSTOMER SERVICE DEPARTMENT
FROM: WILSON COMMUNITY COLLEGE

The State of North Carolina requires us to obtain the information asked for on this sheet from all vendors. You will also need to fill out a W-9 form. Please return these completed forms to us by fax or mail as soon as possible so we can purchase from your company. If you have any questions, please call us at the above listed number. Thank you.

VENDOR INFORMATION SHEET

Official Business Name: _____

Address For Orders: _____

Remittance Business Name: _____

Remittance Address: _____

Phone No. For Orders: _____ Accts. Receivable Phone No: _____

Fax No: _____ Customer Service Phone No: _____

Federal ID No: _____ E-mail Address: _____

Terms: _____

The State of North Carolina requires that agencies receiving state funds increase their HUB (Historically Underutilized Businesses) participation to at least 10%. In order for us to give accurate information, we request your cooperation in gathering this information.

Is your company:

- | | | |
|--|---|---|
| <input type="checkbox"/> Minority owned (51 + %) | <input type="checkbox"/> Disabled Business Enterprise | <input type="checkbox"/> Non-profit Work center Blind & Severely Disabled |
| <input type="checkbox"/> Woman owned (51 + %) | <input type="checkbox"/> Government Owned | |
| <input type="checkbox"/> Disabled owned (51 + %) | <input type="checkbox"/> Small Business | |

(If your business has a Social Security number as Tax ID, we require the signature of the owner.)

Authorized Signature: _____ Print Name: _____

Title: _____ Date: _____

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