

**VENDOR APPLICATION**

**CITY OF WILSON  
PURCHASING DEPARTMENT  
P O BOX 10  
1800 HERRING AVENUE  
WILSON, NC 27894  
PHONE (252) 399-2405  
FAX (252) 399-2457**

Please Type or Print Legibly

Federal ID#	SS#	Vendor #
-------------	-----	----------

Vendor Name:	Date:
--------------	-------

Order Address		Pay Address	
Street		Street	
P O Box		P O Box	
City		City	
State	Zip Code	State	Zip Code

Contact Person	Telephone	Fax
Year Established	Terms	Discount

Contractor's License # (if applicable)	Signature
--	-----------

**This firm certifies that it is a: (if applicable)**

\_\_\_ African-American/Black Owned Business \_\_\_ Hispanic Owned Business \_\_\_ Asian Owned Business  
\_\_\_ Woman Owned Business \_\_\_ Native American Owned Business \_\_\_ Disabled/Disadvantage Business  
\_\_\_ Other. To qualify for one of the above status, 51% of the company must be owned and controlled by  
minority groups, women or disabled groups.

**Product(s) and/or Service(s)**

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

-----  
-----  
-----