



Vendor Application

City of Morganton • www.morgantonnc.gov

PO Box 3448, Morganton, NC 28680-3448 • 305 E. Union St. Suite A100, Morganton, NC 28655

Vendor No. (Assigned by Agency) _____

Date: _____

Sales Associate Contact

Name: _____

Phone: _____

Address: _____

Fax: _____

E-Mail: _____

Website: _____

Organization Information

Individual

Federal Tax ID • SS#: _____

Partnership

Date Established: _____

Corporation

Other (Explain)

Ownership

Minority

Women

Disabled

Business Type

Manufacturer/Producer

Registered Dealer

Service Establishment

Construction

Surplus Dealer

Other (Specify)

Officers, Owners, Partners

President: _____

VP: _____

Secretary: _____

Treasurer: _____

Owners/Partners: _____

Identify equipment, supplies, and/or services provided.

Please provide product sheets, brochures, catalogue etc. Attach additional pages if necessary.

Applicant Affiliates. Names, location and nature of affiliation.

Insurance: The City of Morganton may require the vendor to maintain worker's compensation, general liability and automobile insurance coverage of \$500,000 to \$1,000,000, based on the services being performed. Construction contracts may require additional coverage. If required, can the following be provided?

Certificate of Insurance? Yes No

Hold Harmless Agreement? Yes No

Certification: I certify that the information supplied herein is accurate and that neither application nor any person(s) or associate(s) in any affiliations with the applicant as a principal or officer, so far as known, has been declared ineligible by any agency of government from making offers for furnishing materials, supplies or services to the government or any agency thereof.

Name & Title of authorized personnel

Signature