

Hyde County Schools
PURCHASING DEPARTMENT

1430 Main Street
 Swan Quarter, NC 27885
 Phone: (252) 926-3281 Fax: (252) 926-3083

VENDOR APPLICATION

Please type or print legibly. All boxes should be completed. If requested information does not apply, please type or print N/A.

Order Address		Remit To Address AS APPEARS ON YOUR INVOICE	
Name		Name	
Address		Address	
City		City	
State	Zip	State	Zip
Federal ID Number		Social Security Number (if applicable)	
...OR...			
Contact Person	Telephone Number	Fax Number	

To qualify for a Minority Business Enterprise status, 51% of your business must be owned and controlled by a minority group, woman, or the disabled. For the purpose of this definition, Minority Business Enterprise members are African Americans, Hispanic Americans, Native Americans, Asian Pacific or Asian Indians, American Women and/or the Disabled.

To qualify for a Disabled Business Enterprise status, you must be a nonprofit entity whose main purpose is to provide ongoing habilitation/rehabilitation, independent living, and competitive employment for persons who are handicapped through supported employment sites or business operated to provide training and employment and competitive wages.

If you qualify for one or more classification(s), please check all the appropriate boxes.

If you do not qualify, please check the box marked N/A.

- | | | |
|--|---|------------------------------|
| <input type="checkbox"/> Non-Profit Disabled/Rehabilitation Enterprise | <input type="checkbox"/> Minority Enterprise | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Disabled-Owned Enterprise | <input type="checkbox"/> Woman-Owned Enterprise | |

Please respond by placing a check in the appropriate box:

- | | | |
|--|------------------------------|-----------------------------|
| Are you incorporated? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you provide materials or merchandise? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you provide services? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Signature of responding company official or payee

FOR OFFICE USE ONLY		
Vendor Number:	Date Entered:	Person Entering:
School/Department Requesting Vendor Number: _____		