



VENDOR APPLICATION FORM

DO NOT
WRITE HERE

THIS IS AN APPLICATION FOR NEW VENDORS OR EXISTING VENDORS TO REQUEST CHANGES TO THE INFORMATION ON FILE

SECTION 1 – VENDOR NAME/CONTACT

Company Name or Individual Name (as shown on your income tax return): _____

Address: _____ City: _____ State: _____ Zip Code: _____

Contact Name: _____ Contact Email: _____ Phone: _____

*****Submit your W-9 form with this application*****

SECTION 2 – DBA - If you have a "Doing Business As" name, please include it here. If not applicable, disregard

Doing Business As (DBA) Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

SECTION 3 – PURCHASE ORDER and REMITTANCE ADDRESS (if different)

Purchase orders should be sent to:

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Remittance (payments) should be sent to:

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

SECTION 4 – OTHER

South Carolina State Vendor Number: _____

South Carolina Small Business and Minority Business Certification Number: _____ Expiration Date: _____

SECTION 5 – SIGNATURES:

Printed Name of Individual Completing Form

Signature

Date

SECTION 6 – TO BE COMPLETED BY THE PROCUREMENT SERVICES OFFICE:

Lander L# _____ New Vendor _____ or Existing Vendor Change _____

Procurement Keyed by: _____ Date _____