



NEW HANOVER COUNTY NEW VENDOR APPLICATION & EXISTING VENDOR MODIFICATION FORM

New Must complete sections 1, 3

Update Must Complete sections 2, 3

Legal Name: _____

EIN/SSN: _____

Section 1. New Vendors

Primary Address	Business Contact
Street:	Name:
City:	Number:
State, Zip Code:	Email:

Remit Address	Billing Contact
Street:	Name:
City:	Number:
State, Zip Code:	Email:

Tax Filing Status					
*A W-9 must be attached			*Check the box that applies to your business		
Individual/ Sole Proprietor	Non-Profit Organization	Partnership	S-Corporation	Trust/Estate	Government
Other _____	Limited Liability Company, LLC. – Enter Tax Classification _____				

Minority, Women Owned, and Disabled Business Enterprise					
Are you a minority Business enterprise?		Yes	No	If you answer Yes, please check the appropriate box:	
African American	Hispanic	Asian American	American Indian	Female	Socially and Economically disadvantaged as defined in 15 U.S.C. 637

Product(s) and/or Service(s)
Please list the type of product(s) and/or service(s) your company provides:

Section 2. Existing Vendors

Modification to existing vendor records			
*This form is to be completed if any of the following conditions exist.		*A W-9 must be attached	
*Change primary Address	Change of remittance address	Change of contact name and email address	Add a new remittance address

CHANGE FROM	CHANGE TO
Street:	Street:
City:	City:
State, Zip Code:	State, Zip Code:

CONTACT INFORMATION
Name:
Phone Number:
Email Address:

Section 3. Signature

Name:	
Signature:	Date: