

**VENDOR APPLICATION**

**Town of Apex Attn: Purchasing Dept.  
PO Box 250, Apex, NC 27502  
Phone 919-387-3087 Fax 919-387-3085**

**PLEASE PRINT CLEARLY OR TYPE.**

**Check all responses that apply to this firm.**

At least 51% owned **AND** operated by:

socially disadvantaged individuals as defined by Federal Statute 15 U.S.C. 637,  
 economically disadvantaged individuals as defined by Federal Statute 15 U.S.C. 637,  
members of the following minority group:  Black,  Hispanic,  Asian,  Native American,  Female

**In order to satisfy Form 1099 reporting requirements, enter either your Social Security Number (SSN) or the Federal Employer Identification Number (EIN) below and place a check by the type of business.**

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_       Individual    Sole Proprietorship

EIN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_       Partnership    Estate/Trust    Corporation    Sub S Corp  
 Tax Exempt Organization    Sole Proprietorship

Type of Business/Product: \_\_\_\_\_

N.C. Business/Professional License Number: \_\_\_\_\_

**Point of Contact**

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ email: \_\_\_\_\_

**Accounts Receivable**

**(If different):** \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ email: \_\_\_\_\_

I certify that I am duly authorized to complete this form, that the minority or disadvantaged business information is correct, and that the legal organization and tax identification number are correct.

Printed Name: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_