



# Rockingham County VENDOR APPLICATION

All companies are encouraged to pursue opportunities with Rockingham County. The Purchasing Office maintains a bid supplier list by products. To add your company to this list, complete and return **all** sections of this vendor application package to the Rockingham County Purchasing Office. Registering your company does not guarantee that you will receive notification of bids. Companies are encouraged to check our website for bid opportunities.

*(Please type or print)*

**If you are an individual, you must generally enter the name shown on your Social Security Card. Sole Proprietor- enter your individual name as shown on your social security card on the "Name" line below. You may enter your business, trade, or "doing business as" (DBA) name on the "Business Name" line below. Partnership- a partner may have a "doing business as" trade name and/or a name based on the names of the partners. Corporation- a Corporation may use an abbreviated name or its initials, but the legal name is the name on the articles of incorporation.**

**NAME:** *(See instructions above)*

**BUSINESS NAME:** *(See instructions above)*

Check  Individual/Sole Proprietor  Partnership  Corporation  Exempt from  
Appropriate Box:  LLC Sole Proprietor  LLC Partnership  LLC Corporation  Backup Withholding

**SHIP VIA:**

**F.O.B. DESTINATION**

**MINORITY AND WOMEN BUSINESS ENTERPRISE:**  Yes  No

**If yes, what type?**  MBE (*Minority*)  WBE (*Woman Owned*)  DBE (*Disabled*)

**Indicate if you are certified as an MWBE Vendor by:**  State of North Carolina OR  Other

**PURCHASE ORDER ADDRESS:**

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

**REMITTANCE ADDRESS:**

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

**BID/QUOTE/RFP ADDRESS:**

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

**LIST TYPE OF PRODUCTS AND/OR SERVICES YOUR COMPANY OFFERS:**

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**NAME OF PERSON COMPLETING THIS APPLICATION:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

In order to comply with Internal Revenue Service (IRS) standards and to avoid withholdings on future payments, please make sure all information is complete.

**PLEASE MAIL FORMS TO:** Rockingham County Purchasing  
PO Box 41  
Wentworth, NC 27375-0041

**FAX NUMBER:** (336) 342-8455

**PHONE NUMBER:** (336) 342-8111

**EMAIL ADDRESS:** [acrumpler@co.rockingham.nc.us](mailto:acrumpler@co.rockingham.nc.us)