

CLEVELAND COUNTY SCHOOLS
400 West Marion Street
Shelby, NC 28150

Vendor Application

A W9 form must be completed and submitted with this application before payment can be made. This information is required by law and will be kept confidential.

Please type or print legibly.

Cleveland County School employee making request _____

Are they a CCS employee? Yes ____ No ____ Location _____

Vendor Name _____

Federal ID # or Social Security # _____ Are you incorporated? _____

Order Address Street _____ Payment Address Street _____

City _____ City _____

State _____ Zip _____ State _____ Zip _____

Email Address _____

Contact Person _____

Customer Service Telephone Number _____

Ordering FAX number _____

Contractor's License # (if applicable) _____

Signature _____

Please provide this information only if you are certified by the HUB Office: verification is required.

<i>Women Business Enterprise</i>	<i>Minority Business Enterprise</i>	<i>Disabled Business Enterprise</i>
_____ African American	_____ African American	_____
_____ Asian American	_____ Asian American	Disabled _____
_____ Caucasian	_____ Latino/Hispanic	Non-Profit Work
_____ Latino/Hispanic	_____ Native American/Indian	Center for the Blind
_____ Native American/Indian		& Severely Disabled

To apply for HUB status visit www.doa.nc.gov/hub.