



County Of Spartanburg, SC VENDOR LIST APPLICATION

FOR OFFICE USE ONLY:

VENDOR #: _____

DATE: _____

Company Name: _____
(MUST MATCH THE NAME THAT WILL APPEAR ON INVOICES & W-9 SUBMITTED FOR PAYMENT)

Mailing Address: _____

Physical Address: _____

Payment Remittance Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Title: _____

Telephone: (_____) - _____ - _____ Extension: _____

Fax No. (_____) - _____ - _____ : E-Mail: _____

Federal Tax ID number: _____ Is this a personal Social Security #? yes ___ no ___
(NOTE: A completed W-9 Form must be returned with this application)

Is this a Corporation? Yes ___ No ___ Small Business? Yes ___ No ___ Owned by- Male ___ or Female ___

Physical Presence in S.C.? Yes ___ No ___ Method of Delivery: ___ UPS ___ FedEx ___ Other

SC Retail License ___, or SC Sales Tax ___, or SC Use Tax Number _____

Minority Vendor? Yes ___ No ___ (If yes, attach Certification Certificate.)

CATERGORY FOR SERVICES OFFERED (CHECK ALL THAT APPLY)

Architecture/Engineering	<input type="checkbox"/>	Environmental Services	<input type="checkbox"/>	Maintenance Repair	<input type="checkbox"/>
Auto – Parts/Repairs/Body Shop	<input type="checkbox"/>	Equipment Rental	<input type="checkbox"/>	Medical Supplies	<input type="checkbox"/>
Clothing/Uniforms	<input type="checkbox"/>	Inmate Services	<input type="checkbox"/>	Printing	<input type="checkbox"/>
Construction - Major	<input type="checkbox"/>	Information Technologies	<input type="checkbox"/>	Safety	<input type="checkbox"/>
Construction – Minor	<input type="checkbox"/>	Landscaping	<input type="checkbox"/>	Tele Communications	<input type="checkbox"/>
Copier/Printer Equipment	<input type="checkbox"/>	Law Enforcement	<input type="checkbox"/>	Trade Contractors – HVAC/Plumbing/Electrical	<input type="checkbox"/>
Other (not listed)	<input type="checkbox"/> {describe}				

Provide a brief commodity/service description of your business: _____

NOTE: Placement on the bidders list is a service provided for your convenience as a courtesy. Inclusion is not a binding assurance of future solicitation. To insure bid participation, check our official website at www.spartanburgcounty.org to review posted projects that may be of interest to you.

INSURANCE: General Liability & Worker’s Compensation coverage is required for vendors that perform work onsite for Spartanburg County. If not required by South Carolina State Law to have Worker’s Comp, a waiver must be submitted.

Return this completed form and W-9 to:

Mail: Spartanburg County, Purchasing Department, PO Box 5666, Spartanburg, SC 29304

Fax: (864) 596-2297

Email: procurement@spartanburgcounty.org

ALL PURCHASES MUST BE MADE WITH SIGNED PURCHASE ORDER PRIOR TO AN ORDER BEING PLACED