

HOUSING AUTHORITY OF THE CITY OF LUMBERTON VENDOR REGISTRATION FORM

MAIL TO: HOUSING AUTHORITY OF THE CITY OF LUMBERTON
ATT: ACCOUNTS PAYABLE
POST OFFICE BOX 709
LUMBERTON, NC 28359

OR

FAX TO: ACCOUNTS PAYABLE 910.671.8239

TAXPAYER

NAME: _____

COMPANY NAME: If Sole Proprietorship _____

TAXPAYER IDENTIFICATION # (TIN): Enter your TIN in the appropriate box below. For sole proprietors, this is your social security number. NOTE: The filers name and TIN should be consistent with name and number used on IRS income tax returns. If you operate with a business name, please enter your federal identification number issued by the IRS.

SOCIAL SECURITY NUMBER (Sole Proprietor Only): _____	FEDERAL IDENTIFICATION NUMBER (FIN): _____				
<p><u>PHYSICAL ADDRESS</u></p> ST. ADDRESS _____ PO BOX _____ CITY/STATE _____ ZIP (+4) _____ COUNTY <small>(IF LOCATED IN NC)</small> _____ PHONE NO. _____ FAX NO: _____	<p><u>REMIT TO ADDRESS</u></p> _____ _____ _____ PHONE NO: _____ PAYMENT TERMS: EXAMPLE (2% 10 N 30) <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">_____ % TERMS</td> <td style="text-align: center;">_____ DUE DAYS</td> <td style="text-align: center;">_____ DISC INDICATOR</td> <td style="text-align: center;">_____ PO PAY DAYS</td> </tr> </table> <p style="text-align: center;">I = AS INVOICED N = NET</p>	_____ % TERMS	_____ DUE DAYS	_____ DISC INDICATOR	_____ PO PAY DAYS
_____ % TERMS	_____ DUE DAYS	_____ DISC INDICATOR	_____ PO PAY DAYS		
TYPE OF BUSINESS (PLEASE CHECK ALL THAT APPLY): <input type="checkbox"/> MINORITY OWNED _____ <input type="checkbox"/> SECTION 3 CERTIFIED _____ <input type="checkbox"/> WOMEN OWNED _____ ***** CHECK ALL THAT APPLY: <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> NOT INCORPORATED	<p><u>PLEASE INDICATE PRODUCT(S) OFFERED:</u></p> _____ _____ _____ _____ _____ _____				

SIGNATURE: _____ TITLE: _____ DATE: _____