



The University of North Carolina at Pembroke  
Business Services  
One University Drive  
P.O. Box 1510  
Pembroke, NC 28372-1510

## VENDOR REGISTRATION FORM

PLEASE PROVIDE INFORMATION REQUIRED TO INCLUDE YOU ON OUR VENDOR LIST

**TAXPAYER IDENTIFICATION # (TIN):** Enter your TIN in the appropriate box. For individuals, this is your Social Security # (SSN). For sole proprietors, furnish your individual name and either your SSN or your EIN (Employer Identification #). Note: The filers name and TIN should be consistent with name and number used on filers other tax returns. If you file in this manner, please enter your business name on the DBA line. Enter your name(s) as shown on your social security card, and /or as it was used to apply for your EIN.

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

Legal Name: \_\_\_\_\_

T.I.N. # /SS. # (9 digits): \_\_\_\_\_

(As Shown On The IRS Form)

NC State Corporate 10 # (7digits): \_\_\_\_\_

Foreign T.I.N. \_\_\_\_\_

Foreign Country of Incorporation: \_\_\_\_\_

### Order From Address & Information:

### Remit To/Mailing Address & Information: (If different)

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

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

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

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

Phone: ( ) \_\_\_\_\_ - Fax: ( ) \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ - Fax: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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

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

Company Website: \_\_\_\_\_

Payment Terms: \_\_\_\_\_

# years in Business under present name: \_\_\_\_\_

UNCP is committed to increase HUB (Historically Underutilized Businesses) vendor participation. In order to be considered, the following information must be completed (51% owned and controlled by the following).

- African American
- American Indian
- Asian American
- Female Owned (non-minority)
- Hispanic
- Disabled Owned
- Socially & economically disadvantaged as defined in 15 U.S.C. 637 ([www4.law.cornell.edu/uscode/](http://www4.law.cornell.edu/uscode/))
- None of the above

### Type Of Business (check all that apply):

- Individual
- Foreign Individual / Corporation (w-8 BEN required)
- Real Estate
- Partnership
- Corporation (check below all that apply)
  - Not-For-Profit Corporation
  - Sub-Chapter S Corporation
  - Medical/Health Corporation
- Service Firm (describe and attach brochure if available)

- Small Business (less than 100 employees or annual sales less than \$5000,000)

