



## NEW VENDOR FORM

Vendor/Company/Entity Legal Name (Must match TIN below) \_\_\_\_\_

DBA: \_\_\_\_\_ (EIN): \_\_\_\_\_ or \_\_\_\_\_  
Employer I.D. Number Social Security Number

Business Address \_\_\_\_\_  
Street PO Box  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Billing Address \_\_\_\_\_  
Street PO Box  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Federal Tax Classifications (Please select one)

- ☐ Individual/Sole-Proprietor/Single Member LLC ☐ Corporation – C or S: \_\_\_\_\_ ☐ Partnership  
☐ Limited liability company (C, S, or P): \_\_\_\_\_ ☐ Non-Profit

Indicate number of years firm has been in business under the present name: \_\_\_\_\_

Principal Activity (Please select one) ☐ Labor ☐ Material ☐ Other: \_\_\_\_\_

List the principal type of service(s) or product(s) that are being provided: \_\_\_\_\_

The company's status is a: ☐ Minority Owned Business (MBE) ☐ Woman Owned Business (WBE) ☐ N/A

Minority Status of Owner(s)

- ☐ African American ☐ Asian ☐ Aleut ☐ Caucasian Female  
☐ East Indian ☐ Inuit ☐ Native American ☐ Other: \_\_\_\_\_

Citizenship Status of Minority Owner(s): ☐ United States ☐ Other: \_\_\_\_\_

Certified 8(a) by US Small Business Administration ☐ Yes ☐ No

Are you licensed to do business in South Carolina, as well as locally, including all business licenses?  
☐ Yes ☐ No

I certify that all information provided as part of this certification is true and accurate.

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_