

VENDOR INFORMATION FORM

Kannapolis City Purchasing Office 401 Laureate Way Kannapolis, NC 28081 Phone: 704-920-4304

rbutler@kannapolisnc.gov

Business Name:				
Address:				
City:	State:	Zip:		
Phone:	Fax:			
Email:	Web Ac	ldress:		
Contact Person:		Title:		
Γype of Organization : □ Corporation □	☐ Partnership ☐ Proprietorship	☐ Individual	☐ Other	
References: List Three (3) companies	to who you furnish products	or service:		
(NAME)	(ADDRESS)		(PHONE)	
Please list the various products or ser	vices your company provi	des:		
	_			
Minority and Women Business Enter	prise (MWBE) Vendor Inf	formation:		
Γο qualify for MWBE vendor status, 51% of cowoman.	ompany must be owned and contro	olled by, (single pers	son or group), a minority or a	
Have you previously been certified as a MV	WBE Vendor :			
Please check the following that apply:				
□ African American □ Hispanic □	Acian American Indian	n 🗆 Woman	□ Other	