



Vendor Application
 232 Matthews Station Street
 Matthews, NC 28105
 (704) 847-4411 Fax (704) 845-1964
 accountspayable@matthewsnc.com

Corporate Name _____

Date _____

DBA (Doing Business As) _____

Federal ID or SSN _____

Check one of the following: Corporation Sole Proprietorship Partnership Other _____

Remit Address			Contact Information	
Street Address or PO Box			Contact Name	
City	State	Zip Code	Phone Number	Fax Number
County			Email Address	Web Address

Terms: Upon Receipt Net 10 Net 20 Net 15 Net 30 Other _____

Our company participates in E-Verify

Please check the appropriate box if your business is one of the following:

Disabled Minority Business Enterprise Women Business Enterprise

Please list the type of product(s) and/or service(s) your company can provide:

Signature _____

Title _____

Date _____

IRS FormW-9 must accompany the vendor application. Payments will not be processed without both documents.