

# City of Lincolnton, NC - Vendor Application

<b>Please Print or Type Information</b>		Date:	
Federal ID Number:		Vendor Number:	
Social Security Number:		Incorporated?: YES NO	
		Remittance Address (If Different)	
Vendor Name:			
D.B.A. (if different):			
Street Address:			
Post Office Box:			
City:			
State:			
Zip Code:			
County:			
Phone: ( )		Fax:	
E-mail Address:			
Web Address:			
To qualify for W/MBE status, 51% of the company MUST be owned, operated AND controlled by an individual or a group that is disabled, a minority, or female.			
Are you a minority business? YES NO			
If yes, which minority group?			
Do you accept credit cards? YES NO			
<b>Contact:</b>			
Name:		Phone:	
Toll Free Number:		Cell Phone:	
Contractor's License (if applicable):			
Please list the type of product(s) and/or service(s) that your company can provide:			
This form was filled out by:			
Name:		Title:	

Return to:

**City of Lincolnton Finance Department PO Drawer 617 Lincolnton NC 28093**

**Phone: (704) 736-8980 Fax: (704) 736-8999**