

**VENDOR REGISTRATION/CHANGE**

**SAMPSON COUNTY FINANCE**

406 County Complex Road, Ste. 120  
Clinton, North Carolina 28328  
(910)592-7181

Department \_\_\_\_\_

<b>SAMPSON COUNTY USE ONLY</b>	
Name:	_____
Vendor #:	_____

**NEW REGISTRATION**

**CHANGE**

**NAME / ADDRESS INFORMATION**

VENDOR NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

REMIT TO ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ TITLE \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL \_\_\_\_\_

**TAX INFORMATION**

The Internal Revenue Service (IRS) requires that we keep on file your Tax Identification Number (TIN). If you fail to provide this information, we are required to withhold 31% of all payments.

**Type of Business (circle only one) enter your SSN or TIN as applicable**

INDIVIDUAL SSN: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

SOLE PROPRIETOR SSN: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

PARTNERSHIP TIN: \_\_\_\_\_-\_\_\_\_\_

CORPORATION TIN: \_\_\_\_\_-\_\_\_\_\_

OTHER TIN: \_\_\_\_\_-\_\_\_\_\_

**Please enter below individual or company name as it appears on your social security card/employer identification number if different from name above.**

**Payments to your company are for the following: (please check as many as apply)**

SERVICES                      PRODUCTS                      RENTS                      MEDICAL & HEALTHCARE SERVICES

OTHER (please specify) \_\_\_\_\_

Please Check if applicable                      MINORITY OWNED BUSINESS                      FEMALE OWNED BUSINESS

If located in N.C., List county where shipments originate: \_\_\_\_\_

If you are a service provider and located outside N.C., have you obtained a certificate from the N.C. Secretary of State? \_\_\_\_\_

If yes please provide your entities identification number. \_\_\_\_\_

**I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THE ABOVE IS ACCURATE**

SIGNATURE: \_\_\_\_\_ TITLE \_\_\_\_\_

DATE: \_\_\_\_\_