

Vendor Registration Form

Mail To:

Pembroke Housing Authority
Attn: Ashley R. Lowry
P.O. Drawer 910
Pembroke, NC 28372

Fax To:

Ashley R. Lowry
910.521.8765

Taxpayer Name (If Sole Proprietorship): _____

Company Name: _____

Taxpayer Identification Number (TIN): Enter your TIN in the appropriate box below. For sole proprietors, this is your social security number. NOTE: The filers name and TIN should be consistent with name and number used on IRS income tax returns. If you operate with a business name, please enter your federal identification number issued by the IRS.

SSN (Sole Proprietor Only):

Federal Identification Number (FIN):

Physical Address

Street Address: _____

PO Box: _____

City: _____

State: _____ Zip (+4): _____

County (If Located In NC): _____

Phone: _____

Fax: _____

Remit-to Address

City: _____

State: _____ Zip (+4): _____

Phone: _____

Payment Terms: Example (2% 10 N 30)

| | | | | |
|---------|----------|--------------------|-------------|--|
| | | | | |
| % Terms | Due Days | Discount Indicator | PO Pay Days | |

I = As Invoiced N = Net

Type of Business (Please Check all That Apply):

- Minority Owned Race: _____
- Section 3 Certified
- Women Owned

Check All That Apply:

- Sole Proprietor
- Corporation
- Partnership
- Not Incorporated

Please Indicate Product(s) Offered:

Signature

Title

Date