

Charleston County Vendor Information Form

Internal Use Only:
 New Vendor # _____
 Update Vendor # _____

Date: _____ SSN/FEIN/TIN: _____ **(Must be completed)**

Company's Legal Name: _____

Company's "Doing Business As" (D/B/A) Name: _____

Vendor is a/an: Sole Proprietorship Partnership LLC Corporation Non-profit Government
Vendor should receive a 1099: Yes No **(Must be completed. Failure to do so may delay payments)**

Please select one of the following categories that best represents your area of the business industry:
 Architect Construction Engineer Goods/Supplies Prof. Svcs Other Services
(i.e., Atty., CPA)

Primary Physical Address

Street: _____ Suite: _____
City: _____
State/Province: _____ Zip Code: _____ Country: _____
Telephone: _____ Fax: _____

Mailing / Order From Address

Check if same as physical address

Street: _____ Suite: _____
City: _____
State/Province: _____ Zip Code: _____ Country: _____
Telephone: _____ Fax: _____

Remittance Address

Check if same as physical address Check if same as mailing address

Street: _____ Suite: _____
City: _____
State/Province: _____ Zip Code: _____ Country: _____
Telephone: _____ Fax: _____

The following information is being collected for demographic reporting purposes.

Regarding the ownership of your company, please mark all that apply:

- White Male ___% Hispanic/Latino Male ___% American Indian/Alaskan Native Male ___%
 White Female ___% Hispanic/Latino Female ___% American Indian/Alaskan Native Female ___%
 Black Male ___% Asian Male ___% Native Hawaiian/Pacific Islander Male ___%
 Black Female ___% Asian Female ___% Native Hawaiian/Pacific Islander Female ___%
 Not applicable because we are a non-profit / government / publicly traded corporation / etc.

We are a SCDOT Certified Disadvantaged Business Enterprise (DBE)

Charleston County has established a Small Business Enterprise Program. The four eligibility requirements are that your business: 1) Be a for-profit business, 2) Have an annual gross sales volume not exceeding \$7.5 million/year (averaged over the previous three years), 3) Be actively managed and controlled on a day-to-day basis by the owner(s) and 4) Have been actively earning for at least one year.

We are already a County SBE We are interested in becoming an SBE We do not qualify

Under penalties of perjury, I certify that: The number shown on this form is my correct taxpayer identification number, I am not subject to backup withholding, I am a U.S. citizen or other U.S. person, and I am legally doing business in the State of South Carolina.

Name: _____ Signature: _____

Title: _____ Email: _____

Please return to LaZana Porter by email at lporter@charlestoncounty.org or by fax at 843-958-4758.