

# 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 Mendie Disbrow by email at [mdisbrow@charlestoncounty.org](mailto:mdisbrow@charlestoncounty.org) or by fax at 843-958-4758.