

County Of Spartanburg, SC  
**VENDOR LIST APPLICATION** FY2016

<b>FOR OFFICE USE ONLY:</b>	
VEN #:	_____
QS1#:	_____
DATE:	_____

Company Name: \_\_\_\_\_  
**(MUST MATCH THE NAME THAT WILL APPEAR ON INVOICES & W-9 SUBMITTED FOR PAYMENT)**

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Payment Remittance Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Extension: \_\_\_\_\_

Fax No. (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ : E-Mail: \_\_\_\_\_

Federal Tax ID number: \_\_\_\_\_ Is this a personal Social Security #? yes \_\_\_ no \_\_\_  
**(NOTE: A completed W-9 Form must be returned with this application)**

Is this a Corporation? Yes \_\_\_ No \_\_\_ Small Business? Yes \_\_\_ No \_\_\_ Owned by- Male \_\_\_ or Female \_\_\_

Physical Presence in S.C.? Yes \_\_\_ No \_\_\_ Method of Delivery: \_\_\_ UPS \_\_\_ FedEx \_\_\_ Other

SC Retail License \_\_\_\_, or SC Sales Tax \_\_\_\_, or SC Use Tax\_\_ Number \_\_\_\_\_

Minority Vendor? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, attach Certification Certificate.)

**CATEGORY FOR SERVICES OFFERED (CHECK ALL THAT APPLY)**

Architecture/Engineering <input type="checkbox"/>	Environmental Services <input type="checkbox"/>	Maintenance Repair <input type="checkbox"/>
Auto – Parts/Repairs/Body Shop <input type="checkbox"/>	Equipment Rental <input type="checkbox"/>	Medical Supplies <input type="checkbox"/>
Clothing/Uniforms <input type="checkbox"/>	Inmate Services <input type="checkbox"/>	Printing <input type="checkbox"/>
Construction - Major <input type="checkbox"/>	Information Technologies <input type="checkbox"/>	Safety <input type="checkbox"/>
Construction – Minor <input type="checkbox"/>	Landscaping <input type="checkbox"/>	Tele Communications <input type="checkbox"/>
Copier/Printer Equipment <input type="checkbox"/>	Law Enforcement <input type="checkbox"/>	Trade Contractors – HVAC/Plumbing/Electrical <input type="checkbox"/>
Other (not listed) <input type="checkbox"/> {describe}		

Provide a brief commodity/service description of your business: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**NOTE:** Placement on the bidders list is a service provided for your convenience as a courtesy. Inclusion is not a binding assurance of future solicitation. To insure bid participation, check our official website at [www.spartanburgcounty.org](http://www.spartanburgcounty.org) to review posted projects that may be of interest to you.

**INSURANCE:** General Liability & Worker’s Compensation coverage is required for vendors that perform work onsite for Spartanburg County. If not required by South Carolina State Law to have Worker’s Comp, a waiver must be submitted.

Return this completed form and W-9 to:  
 Mail: Spartanburg County, Purchasing Department, PO Box 5666, Spartanburg, SC 29304  
 Fax: (864) 596-2297 Email: [jhumphries@spartanburgcounty.org](mailto:jhumphries@spartanburgcounty.org)

**ALL PURCHASES MUST BE MADE WITH SIGNED PURCHASE ORDER PRIOR TO AN ORDER BEING PLACED**