

**VENDOR REGISTRATION/CHANGE**

**SAMPSON COUNTY FINANCE**

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

Department

SAMPSON COUNTY USE ONLY
Employee Initials: _____
Date: _____
Vendor #: _____

Please circle one: **NEW REGISTRATION**

**CHANGE**

**NAME / ADDRESS INFORMATION**

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

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

(address for correspondence) \_\_\_\_\_

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

(where payments should be sent) \_\_\_\_\_

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: \_\_\_\_\_ - \_\_\_\_\_ C or S Corporation? Yes\_\_ No\_\_

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

LLC TIN: \_\_\_\_\_ - \_\_\_\_\_ C or S Corporation? Yes\_\_ No\_\_

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 you or your company are for the following: (please circle all apply)

SERVICES    PRODUCTS    RENTS    MEDICAL & HEALTHCARE SERVICES    TRAVEL REIMB.

TRUST CLIENT    OTHER (please specify) \_\_\_\_\_

Please Circle if applicable:                      MINORITY OWNED BUENESS                      FEMALE OWNED BUSINESS

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

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

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