

## PURCHASING DEPARTMENT

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## **VENDOR REGISTRATION**

Please complete and submit the application below to add your firm to Botetourt County's list of qualified vendors.

Name of Firm:			
Mailing Address:			
City, State, Zip			
Location(s):			
Phone:			
Fax: E-mail Address:			
Type of Business(circle): Manufacturer/Producer/Wholesaler/Retailer/Distributor Manufacturer's Agent/Service Establishment/Jobber			
Type of Organization: Individual/Partnership/Corporation Year Established:			
Federal ID # State of Incorporation Occupational License No			
NIGP CODE: (limit to 5 primary codes)			
NIGP Code listing is available at: <a href="www.eva.virginia.gov">www.eva.virginia.gov</a> Look at "Resources" bottom right corner of webpage, see "NIGP Code Lookup"			

Names of Owners/Officers:		
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Primary contact concerning quotes/bid	s:	
Contact Name/title	Phone	Email
Please provide references consisting o	f your financial institution an	d previous clients.
Financial Institution Name Address Contact Name Phone Number Type of Accounts		
Client References Name Address Contact Name Phone Number		
Name Address Contact Name Phone Number		
Name Address Contact Name Phone Number		
By submitting this Application I certify that subject to review and investigation prior to understand that failure to respond to three	o validation for placement on ap	
Submitted by:		
Name:	Title:	Date: