

Active  Bidder  Inactive  One Time Pay  Stop  Temporary  Self Service **Vendor Application Form**

Company Name: \_\_\_\_\_ Doing Business As: \_\_\_\_\_

Company Website (if applicable): \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Company Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

Person Responsible for Maintaining this Vendor Profile: \_\_\_\_\_ Email: \_\_\_\_\_

Direct Phone Number ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

Fed ID#: \_\_\_\_\_ (no personal SS#) DUNN# \_\_\_\_\_

Do you provide: Goods \_\_\_\_\_ Services \_\_\_\_\_

Business Certified For: MBE \_\_\_\_\_ DBE \_\_\_\_\_ WBE \_\_\_\_\_

Does Your Company currently have: \*Horry County Business License: YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, the License Number: \_\_\_\_\_

License Expiration Date: \_\_\_\_\_

\*For HC Business License information/application please visit <http://www.horrycounty.org/Departments/BusinessLicense.aspx>

South Carolina General Contractor's License: YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, the License Number: \_\_\_\_\_

License Expiration Date: \_\_\_\_\_

Please state specifically any goods or services your organization is able to provide to or for Horry County. **\*Registration does not guarantee that you will receive notification of Horry County's intent to buy your goods or services.**

(For Example: Construction Services, Data Processing Services, Office Supplies, Automotive Repair, or Chemicals and Solvents)

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**PAYMENT TERMS**

Discount Percent: \_\_\_\_\_ Days to Discount: \_\_\_\_\_ Minimum Order: \_\_\_\_\_ Days to Net: \_\_\_\_\_

**FREIGHT TERMS**

\*\*Freight Term/ Method: \_\_\_\_\_ Freight Percent: \_\_\_\_\_

**TAX INFORMATION**

Do you pay South Carolina sales tax? YES \_\_\_\_\_ NO \_\_\_\_\_

\*\*Horry County Government only accepts F.O.B. Destination

Notice: This information is used for purchase orders ONLY not for checks.