

VENDOR REGISTRATION & DISCLOSURE STATEMENT
KANAWHA COUNTY COMMISSION, P.O. BOX 3627, CHARLESTON, WEST VIRGINIA 25336

TELEPHONE (304) 357-0115 FAX (304) 357-4674

1. Name and Address of Individual, Company or Corporation: _____

2. FEIN (or SSN If Individual): _____

3. Vendor is Classified as: _____ Individual _____ Company _____ Partnership _____ Corporation
_____ Proprietorship

4. If the Vendor is an **individual**, indicate below INDIVIDUAL his name and residence address; if he has associates or partners sharing in his business, indicate ASSOCIATE or PARTNER, their names and residence addresses.

If the Vendor is a **firm**, indicate below each MEMBER, PARTNER, or ASSOCIATE of the firm, their names and residence addresses.

If the Vendor is a **corporation**, indicate below the PRESIDENT, SECRETARY, TREASURER, and GENERAL MANAGER of the corporation, their names and residence address; and the names and residences of any stockholders of the corporation owning or holding more than ten percent of the capital stock thereof. Attach another sheet if additional space is needed.

POSITION	NAME	ADDRESS (STREET & NUMBER), CITY & STATE
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Is the vendor acting as an agent for some other individual, firm or corporation? _____ Yes _____ No
If yes, attach a statement of the principal authorizing such representation.

6. What is the latest Dun & Bradstreet rating on the vendor? _____

7. What is the vendor's net worth? _____

8. List one or more banking institutions to serve as references for the vendor: _____

9. List the State in which the Company was incorporated and the date of the incorporation: _____

10. List the general classification of the products and/or services offered by the Vendor: _____

11. Indicate the areas of Kanawha County that the Vendor can service or supply with the Vendor's product: _____

12. Has the vendor or those owning a controlling interest of the Vendor or those serving as managers or officers of the Vendor done business within the preceding ten years under a different name or a different form of business organization? _____ Yes _____ No If yes, list the names and form of business organization under which such business was conducted: _____

13. If those owning a controlling interest of the Vendor or those serving as the managers or officers of the Vendor own at least ten percent of the capital stock of another corporation, list the name and state of incorporation of such corporations: _____

STATE OF _____, COUNTY OF _____

I, _____, do solemnly swear the above disclosed information is true & complete. Given under my hand this _____ day of _____, 20____.

Signature & Title

Subscribed and sworn to before me, a Notary Public in and for the aforesaid County and State, on this _____ day of _____, 20__.

(Notary Public)
My Commission expires: _____

PLEASE LIST THE GOODS AND/OR SERVICES YOUR BUSINESS PROVIDES:

BUSINESS NAME: _____

CONTACT PERSON: _____

MAILING ADDRESS: _____

STREET ADDRESS: _____

TELEPHONE: _____

FAX: _____

E-MAIL/WEBSITE: _____
