

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

TELEPHONE (304) 357-0115 FAX (304) 357-0595

1. Legal Name of Individual, Company or Corporation: _____
 Physical Address: _____
 Mailing Address: _____
 Telephone: _____ Fax: _____
 Email Address: _____

2. **ACCOUNTS RECEIVABLE ADDRESS:** _____

3. Federal Employment Identification Number (FEIN) or Social Security Number (SSN), Individual Taxpayer Identification number (ITIN) or Adoptive Identification Number (ATIN) _____ FEIN ____ SSN ____ ITIN ____ ATIN ____

4. Vendor Tax Classification: Individual ____ Sole Proprietor ____ Partnership ____ Corporation ____ Board Member ____ Trust ____
 Estate ____ Government ____ Medical Corp ____ Attorney Corp ____ Non-Profit Organization ____

5. ★ 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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. 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.
7. What is the latest Dun & Bradstreet Rating for the vendor? _____
8. What is the vendor's net worth? _____
9. List one or more banking institutions to serve as references for the vendor: _____
10. List the State in which the Company was incorporated and the date of the incorporation: _____
11. List the general classification of the products and/or services offered by the Vendor: _____

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: _____
14. The above named vendor practices equal employment opportunities and is in compliance with the Immigration Reform and Control Act.

As authorized agent of the vendor named herein, I do solemnly swear that the above information is true and complete.

_____ Authorized Agent of Vendor (Print Name)	
_____ Authorized Agent (Signature)	
_____ Title	
_____ Date	

*****ATTENTION VENDORS*****

**Have you registered for the Kanawha County Commission Automatic Vendor E-Mail Notification System for bid specifications?
Register by visiting our website @ www.kanawha.us/purchasing/rfpalerts**