

VENDOR APPLICATION

(PLEASE PRINT)

VENDOR NAME _____

ADDRESS _____

CITY/STATE _____

ZIP CODE _____

CONTACT PERSON _____

PHONE NUMBER _____

FAX NUMBER _____

E-MAIL _____

PRODUCTS YOU WOULD LIKE TO BID ON:

1. _____

2. _____

3. _____

4. _____

Please return this form to Purchasing Department

Mailing Address

Fax #: 919-856-8107

Wake County Public School System

Purchasing Department

PO Box 28041

1551 Rock Quarry Road

Raleigh NC 27611-28041