

**WAKE COUNTY PUBLIC SCHOOL SYSTEM
VENDOR APPLICATION
(PLEASE PRINT)**

VENDOR NAME _____

ADDRESS _____

CITY/STATE _____

ZIP CODE _____

CONTACT

PERSON _____ **PHONE**

NUMBER _____

FAX NUMBER _____

E-MAIL _____ **SUPPLIES OR**

SERVICES YOU PROVIDE: 1. _____

2. _____

3. _____

4. _____

Please return this form to Purchasing Department

Mailing Address

Fax #: 919-856-8107

Wake County Public School System

Purchasing Department

1551 Rock Quarry Road

Raleigh NC 27610

ARE YOU A HUB VENDOR CERTIFIED BY THE STATE OF NC?

YES _____

NO _____