



**Town of Knightdale
Vendor Registration Form**

Vendor Name _____

Federal Tax Identification Number _____

Address _____

Remittance Address (if different from above) _____

Phone Number _____ Fax Number _____

Year Established _____ Terms _____ Discount _____

Contractor's License (if applicable) _____

Brief description of business _____

Web-site/E-mail _____

Signature _____

This application may be mailed or faxed to the following address:
Town of Knightdale
Attn: Purchasing
950 Steeple Square Court
Knightdale, NC 27545
Fax (919) 217-2209