



**Town of Knightdale
Vendor Registration Form**

Vendor Name:

Federal Employer Identification Number (EIN):

Address:

Remittance Address (if different from above):

Phone Number: Fax Number:

Contact:

Title:

Email:

Website:

Contractor License Number:

Brief Description of Business:

Credit Card Accepted: Yes No

**This application may be mailed,
faxed, or emailed to the following
address:**

Town of Knightdale
Attn: Purchasing
950 Steeple Square Court
Knightdale NC, 27545
Fax: (919) 217-2209
purchasing@knightdalenc.gov

**All invoices should be mailed
or faxed to the following
address:**

Town of Knightdale
Attn: Accounts Payable
950 Steeple Square Court
Knightdale, NC 27545
Fax: (919) 217-2209
accountspayable@knightdalenc.gov