CNB-CORP-660B
Vendor Information

Legal Vendor Name: (as filed with the IRS)							1099 to be issued?	Yes ☐	No ☐

Doing Business As: (DBA if applicable)

Will services be performed/goods be delivered onsite?	☐ Yes	☐ No	If Yes, a current Certificate of Insurance must be provided.

NAICS CODE: Optional: D&B number

Classification: A "Yes" Requires Verification.	Yes	No		Yes	No		Yes	No
CHEROKEE-OWNED BUSINESS	☐	☐	**CHEROKEE-OWNED TERO**	☐	☐	**MAJOR CHEROKEE EMPLOYER**	☐	☐
Provide copy of CDIB/membership card			(Must supply TERO certificate & NAICS codes)			(Must have TERO Verification)		
NATIVE-OWNED BUSINESS	☐	☐	**NATIVE-OWNED TERO**	☐	☐	**Female Owned**	☐	☐
Copy of CDIB/tribal card required			(Must have TERO Verification)			**Other Minority**	☐	☐

ADDRESSES: (Complete all applicable address sections with the STREET and/or PO BOX and contact name)

PRIMARY CONTACT:		Phone:	
Address:		Fax:	
City, State Zip		County:	
Website:		Email:	
PHYSICAL Address:		Phone:	
City, State Zip		Fax:	
Contact Name		Email:	
REMITTING Address:		Phone:	
City, State Zip		Fax:	
Contact Name		Email:	

Bank Name For Payments		Bank Routing #:	
Payment Terms (Default Net 30)		Bank Account #	
ACH Remit To Email Address:			

Below this line to be completed by CNB Employee ONLY

CNB employee requesting vendor setup:	

CNB COMPANY & DESCRIPTION OF GOODS/SERVICES:

Below this line to be completed by Vendor Management Department ONLY

GCS:	GCD:		Dates of CNGC Licensing:	
	N/A		State Date:	
Classification:	Class A		Expiration Date:	
	Approve By:			Vendor #
Approved ☐ Yes ☐ No	(Authorized CNB/CNE Vendor Management Agent ONLY)			Date: