



City of Hendersonville
Accounts Payable Department
160 6th Avenue East
Hendersonville, NC 28792
Web Site: <https://www.hendersonvillenc.gov>
Voice: (828) 697-3080
Email: accountspayable@hvlnc.gov

Vendor Registration Form

for City of Hendersonville use only

Date:

Vendor Number:

Company Name: _____

Remittance Address (This is the name and address that will appear on purchase orders and checks)

Division (if applicable): _____

Street / PO Box: _____

City, State, Zip+4: _____

Contact Person/Title: _____

Contact Email Address: _____

Telephone: () _____ FAX: () _____

E-Mail: _____ **(to send purchase orders)**

Correspondence Address (If different than Remittance Address above)

Division (if applicable): _____

Street / PO Box: _____

City, State, Zip+4: _____

Contact Person _____

Contact's Title: _____

Telephone: () _____ FAX: () _____

E-Mail: _____

Would you like to sign up for Vendor ACH payments? Y N

***If you checked yes we will notify you soon regarding how to set this up.**

Or you may complete the ACH Enrollment paperwork online at <https://www.hendersonvillenc.gov/vendor>

Please mail or email this form to: accountspayable@hvlnc.gov