



Vendor Application

City Of Asheville

Submitted On: Apr 21, 2021, 03:00PM EDT

I am a(n):	New vendor
Company Name	Sunrise Community for Recovery & Wellness
DBA (Doing Business As)	
W-9 Address	Street Address: 50 S. French Broad Ave. Suite 242 City: Asheville State: NC Zip: 28801
Email (used for PO delivery)	spolston@sunriseinasheville.org
Identification	FID
FID	20-5775122
1099 Information From W-9	YES
Enter NIGP Code(s) below:	952
General Contact Name	Sue Polston
Title / Department (General Contact)	Executive Director
General Contact	8282051205 spolston@sunriseinasheville.org
Accounts Payable Contact Name	Chantal Saunders
Title / Department (Accounts Payable Contact)	Bookkeeper
Accounts Payable Contact	8282311731 sunriserecoverybooks@gmail.com
Purchasing Contact Name	Jacqui
Title / Department (Purchasing Contact)	Operations Director
Purchasing Contact	8289808677 jderreberry@sunriseinasheville.org
Is the business a MWBE (Minority and women-owned business enterprise)?	No
Please upload W-9 Form	https://seam.ly/Woa5V65a w9 Sunrise Community.pdf