

Town of Wallace VENDOR AND SUPPLIER INFORMATION

Contractor definition — includes any person or company who enters Town owned premises to provide construction, contracted or service related work.

The Contractor or sub-contractor(s) shall not begin any work until a standard Certificate of Insurance (COI) including Employer's General Liability and Worker's Compensation Insurance have been received by the Accounts Payable Department. If you have questions please contact accounts payable at 910-285-4136 or by email at cgurganious@wallacenc.gov

The Contractor and sub-contractor(s) agree that during the term of his/her contract, at their sole cost and expense, shall provide commercial insurances with terms and limits as may be reasonably associated with any contracts and/or services, unless stated differently.

Will you be on Town premises to perform work? Yes No

Is a COI attached with AP packet Yes____ No____ or will COI be forwarded by insurance company? Yes____ No__

A Certificate of Insurance can be faxed to 910-285-5135 or emailed to jnicholson@wallacenc.gov

*The vendor form must be completed and returned to Accounts Payable prior to ordering, shipping and performing services.

All invoices should contain company name, address, telephone and fax numbers, and all items itemized. If not, the invoice will not be processed for payment. Your company will be responsible for contacting us regarding payment.

The Town requires a purchase order for all goods and services greater than \$500. Vendors should have a purchase order prior to providing goods or services to the Town that will be greater than \$500. Invoices should reference purchase order number. Failure to obtain a purchase order before work is started will delay payment.

We will gladly accept handwritten invoices as long as all invoices are legible and contain a company heading. If invoices are illegible, we will ask your company to provide a legible copy before the payment can be processed.

Partial deliveries must be indicated on the invoice.

The Town of Wallace pays North Carolina sales and use taxes and is located in Duplin County. These taxes, when applicable, should be included on your invoice on a separate line from others goods and services. All NC sales tax should be charged to the county where delivery takes place.

Payment for goods or services cannot be made from statements or packing lists.

If purchasing contracts are necessary, please contact the appropriate Department Manager for these contract negotiations. Please note that the Town Manager has the final approval on all contracts.

I understand the above terms and conditions and will follow these procedures.

SIGNATURE

DATE COMPLETED_____

Town of Wallace

VENDOR/SUPPLIER INFORMATION FORM

Please complete this form in its entirety so we may add your organization as an approved Vendor/Supplier/Bidder to the Town. If you are a current vendor or bidder and receiving this form, it means we need updated information for your organization.

You may return form by mail, fax, or email

TYPE OF ORGANIZATION: 🗆 Ind	lividual 🗆 Partnershi	$p \Box Corporation \Box Oth$	ner			
Vendor/Company Name:						
Dba:						
Federal Tax ID #						
Last Name:	First Name	:	MI:			
Social Security #	(If Individual)					
PHYSICAL LOCATION:						
Address:						
Attention:						
City:	State:	Zip Code:				
Please attach a list of additional to address, and Physical location		and indicate their type	e, Accounts Payable remit			
REMIT PAYMENT TO: same address as above						
Address:						
Attention:						
City:						
ACCOUNT CONTACT PERSON:		Account/Customer Nu	mber:			
Account Representative:		Title:				
Contact Phone Number:	Ext #					
Fax Number:	Email:					

Town of Wallace VENDOR/SUPPLIER INFORMATION FORM

W9 FORM:

Please complete a W-9 to accompany this form. A current W-9 form may be obtained from www.irs.gov

SALES AND USE TAX:

The Town of Wallace is required to pay North Carolina state and local sales and use tax. Sales Tax should be charged to the county where delivery takes place. We are located in Duplin County, North Carolina. Does your organization charge NC sales tax on your invoices \Box YES \Box NO

NC COUNTY in which sales tax is calculated: ______Tax Rate:______

HUB 1 MWBE 1 DBE CERTIFICATIONS:

Are you registered and certified with the any of the following: (check all that apply)				
□NC State Purchase & Contract http://www.pandc.nc.gov/				
□NC E-Procurement	http://eprocurement.nc.gov/			
□NC IPS / Vendor Link	https:www.ips.state.nc.us/ips/			
□NC IT Procurement Office	http:/vww.its.state.nc.us/ITProcurement/			
\Box NC HUB / SWUC Certification	http://www.doa.state.nc.us/hub/index.htm			

To be considered as a minority vendor, you must register online with the NC HUB Office and provide your acceptance letter.

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_____ certify that the information on this form is correct:

Signature

Print name

Title

Date

Please complete the attached form and return to:

ACCOUNTS PAYABLE CONTACT:	REMIT TO ADDRESS:	PHYSICAL ADDRESS:
TEL: (910)285-4136 FAX: (910)285-5135 EMAIL: cgurganious@wallacenc.gov	Town of Wallace Attn: Accounts Payable 316 Murray Street Wallace, NC 28466	Town of Wallace 316 Murray Street Wallace, NC 28466

ge 2.	2 Business name/disregarded entity name, if different from above		
Print or type See Specific Instructions on page	Check appropriate box for federal tax classification; check only one of the following seven boxes: Individual/sole proprietor or C Corporation S Corporation Partnership single-member LLC	Trust/estate	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any)
	 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnersh Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the tax classification of the single-member owner. Other (see instructions) ► 		Exemption from FATCA reporting code (if any) (Applies to accounts maintained outside the U.S.)
P pecific			and address (optional)
See S	6 City, state, and ZIP code		
	7 List account number(s) here (optional)		
Par	t I Taxpayer Identification Number (TIN)		
	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avo		curity number
backup withholding. For individuals, this is generally your social security number (SSN). However, for resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get</i>			
TIN oı	n page 3.	or	
Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 f guidelines on whose number to enter.			-

Part II Certification

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- 3. I am a U.S. citizen or other U.S. person (defined below); and

4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign	Signature of	
Here	U.S. person ►	

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at *www.irs.gov/fw*9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

Date 🕨

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.