



PO Box 879
Clayton, NC 27528
Phone: (919) 359-9338

TOWN OF CLAYTON

VENDOR APPLICATION

Date _____

New Vendor Registration

Current Vendor - Record Update

* Only complete fields below that relate to the information to be changed *

INSTRUCTIONS FOR NEW VENDORS

1. Complete Vendor Application
2. Complete IRS Form W-9 (attached to this form)
3. Complete Electronic Payment Authorization for ACH, you **MUST send a voided check or a letter from your bank verifying you account information on their letterhead.**
4. Return completed documents to the address listed on the Vendor Application

W-9 Form (US Vendors)

The Town requires a taxpayer identification number in order to register. It may be either an employee identification number (EIN) issued by the IRS, or your social security number. If you receive payment from the Town, your tax ID number will be reported to the Internal Revenue Service for federal tax withholding purposes. Failure to provide the tax ID number may result in: (a) federal backup withholding; (b) withholding of payment by the Town; and/or (c) disqualifications from participating in Town contracts.

Federal Tax ID # OR Social Security Number _____

I have attached a signed and completed W-9:

Yes No

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
2. 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 the IRS notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person.

Signature of U.S. person (required) _____

Date: _____

Printed Name: _____

Authorized Signature: _____



Vendor Name _____
(As shown on your income tax return)

Business Name _____
(Business name or Trade name)

Mailing Address _____

City _____ State _____ Zip Code _____

Remit to: Provide an alternative address for remittance of payments even if direct deposit is utilized.

Remittance Address _____

City _____ State _____ Zip Code _____

Business Phone _____ Toll Free Number _____

Name of Contact _____ Email _____

An Entity already registered in another state or country must qualify to conduct business in North Carolina by filing an Application for a Certificate with the NC Secretary of State.

Provide you NC SOS ID number: _____

Purchase Orders Should be Sent to Email _____

Minority Women-owned Business Enterprise- MWBE:

Is your company certified as a MWBE?

A vendor certified by either NC DOA for Historically Underutilized Businesses (HUB) or certified by the NC Department of Transportation (DOT)

Yes No

If Yes, Please select the state agency that certified your company:

HUB DOT Other

Start date of your state certification: _____ End date of your state: Certification _____

I have attached a copy of my current HUB, DOT or Other Certification: Yes No

To qualify for MWBE status, 51% of the company must be owned and controlled by minority groups or women. For the purpose of this definition, minority group members are Black Americans, Hispanic Americans, American Indians and/or American Women. To qualify for Disabled status, 51% of the company must be owned and controlled by disabled persons. **To be recognized as an MWBE vendor with the Town of Clayton you must attach your certification.**

Where to send completed form:

U.S. Mail: Town of Clayton Procurement Division
ATTN: Vendor Administrator
PO Box 879
Clayton, NC 27528-0879

or

Email: vendors@townofclaytonnc.org



**ELECTRONIC PAYMENT AUTHORIZATION FOR AUTOMATIC PAYMENT (ACH)
AND REQUEST TO CHANGE PAYMENT INFORMATION**

Please select one of the following:

First time request for ACH payments

Request to change ACH payment information

(Please print or type all information)

The following banking information applies to:

Vendor Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

We offer the following payment terms and conditions to the Town of Clayton: _____

Bank Account Information: I hereby authorize the Town of Clayton to initiate ACH credits (deposits) to the **Checking** Account described below: (No Savings Accounts). **Verification of banking information is required. Voided Check or Bank Letter must be attached.**

Bank Name: _____

Address: _____

City: _____

Routing/ABA Number: _____ Account Number: _____

Deposit Notification Information: I hereby authorize the following individual to receive notification via email of payment details of all funds desposited to the above account.

Name (Printed or Typed): _____

Email Address: _____

Title: _____

Phone Number: _____

Officer Name (Printed or Typed): _____

Signature: _____ Title: _____

Phone Number: _____ Date: _____

Term: This authority will remain in full force and effect until the Town of Clayton has received written notification of discontinuation and in such manner as to afford both the Town of Clayton and Depository a reasonable opportunity to act on it.

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p>2 Business name/disregarded entity name, if different from above</p> <hr/> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p>6 City, state, and ZIP code</p> <hr/> <p>7 List account number(s) here (optional)</p> <hr/>	<p>Requester's name and address (optional)</p> <hr/>

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number											
				-			-				
or											
Employer identification number											
				-							

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
2. 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.

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 for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

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)
- 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, later.