



Please return this sheet with vendor forms.

Town of Franklin
VENDOR AND SUPPLIER INFORMATION
PAGE 1 of 2

Contractor definition – includes any person or company who enters city 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 Alison Stamey at Tel: (828)524-2516, Fax:(828)524-4540 or email: astamey@franklinnc.com

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 City 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 [ ]

STEP 1: SIGNATURE \_\_\_\_\_ DATE COMPLETED: \_\_\_\_\_



Effective September 4, 2013, the State of NC passed H786/Session Law 2013-418, to clarify which employers are subject to NC E-Verify laws and impose E-Verify requirements on most public (government) contracts. It applies to all city and county contracts regardless of type or cost. A purchase order (PO) is a contract in the eyes of the NC General Statutes. Without these requirements a contract can be void and unenforceable.

An e-verify affidavit is available in this vendor packet.

Have you completed the E-Verify Affidavit? Yes [ ] No [ ]

STEP 2: SIGNATURE \_\_\_\_\_ DATE COMPLETED: \_\_\_\_\_



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# Town of Franklin

## VENDOR AND SUPPLIER INFORMATION

PAGE 2 of 2

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

• **We request that your company establish a SINGLE account for the City as a whole, i.e., no individual accounts by different location, department, or division. The individual locations should be in the SHIP TO/PHYSICAL LOCATION section.**

• 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.

• 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 Franklin **pays North Carolina sales and use taxes** and is located in Macon 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.

**STEP 3: SIGNATURE** \_\_\_\_\_ **DATE COMPLETED:** \_\_\_\_\_

# Town of Franklin

## VENDOR/SUPPLIER INFORMATION FORM

- Print legibly or type. Please complete this form in its entirety so we may get your organization added to our financial software as a Vendor/Supplier/Bidder. If all information is not provided or is illegible, you may not be considered a valid Vendor/Supplier/Bidder and could result in a late payment.
- 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– contact information is on page 2.

New      Existing / Update Information - Vendor # \_\_\_\_\_

**TYPE OF ORGANIZATION:** Individual Partnership Corporation Other \_\_\_\_\_

**Vendor/Company Name:** \_\_\_\_\_ dba \_\_\_\_\_

Federal Tax ID # | \_ | \_ | - | \_ | \_ | \_ | \_ | \_ | \_ | \_ |

**OR**      **Use same # you use for your federal& state income tax forms.**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **MI** \_\_\_\_\_

Social Security # | \_ | \_ | \_ | - | \_ | \_ | - | \_ | \_ | \_ | \_ |

**PHYSICAL LOCATION:**

Address: \_\_\_\_\_

Attention: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

*Please attach a list of additional addresses, if needed and indicate their type, Accounts Payable remit to address, and Physical location address.*

**REMIT PAYMENT TO:** same address as above

Address: \_\_\_\_\_

Attention: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**ACCOUNT CONTACT PERSON:**      Account/Customer Number: \_\_\_\_\_

Account Representative: \_\_\_\_\_ Title: \_\_\_\_\_

Toll Free Phone # \_\_\_\_\_ Ext # \_\_\_\_\_

Contact Phone # \_\_\_\_\_ Ext # \_\_\_\_\_

Fax # \_\_\_\_\_ Business Cell Phone # \_\_\_\_\_

Web Address: \_\_\_\_\_ Email: \_\_\_\_\_

# Town of Franklin

## VENDOR/SUPPLIER INFORMATION FORM

**W-9 FORM:**

Please complete a W-9 to accompany this form. Is it attached?  No  Yes

A current W-9 form may be obtained from <http://www.irs.gov>.

**E-VERIFY AFFIDAVIT:**

Did you complete the E-verify affidavit to accompany this form? Is it attached?  No  Yes

E-verify affidavit is on Page 3 of this packet of information.

**SALES AND USE TAX:**

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

NC COUNTY in which sales tax is calculated: \_\_\_\_\_ Tax Rate: \_\_\_\_\_

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I certify that the information on this form is correct:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Please complete and return to:**

ACCOUNTS PAYABLE CONTACT:	REMIT TO ADDRESS:	PHYSICAL ADDRESS:
Alison Stamey, Account Tech TEL: (828)524-2516 FAX: (828)524-4540 EMAIL: <a href="mailto:astamey@franklinnc.com">astamey@franklinnc.com</a>	Town of Franklin Attn: Accounts Payable P.O. Box 1479 Franklin NC 28734	Town of Franklin 95 East Main Street Franklin NC 28734

STATE OF NORTH CAROLINA

COUNTY OF MACON

AFFIDAVIT COMPLIANCE  
with NC E-Verify Statutes

\*\*\*\*\*

I, \_\_\_\_\_ (the individual attesting below), being duly authorized by and on behalf of  
\_\_\_\_\_ (the entity contracting with Town hereinafter "Employer") after first being duly sworn hereby  
swears or affirms as follows:

1. Employer understands that E-Verify is the federal E-Verify program operated by the United States Department of Homeland Security and other federal agencies, or any successor or equivalent program used to verify the work authorization of newly hired employees pursuant to federal law in accordance with NCGS §64-25(5).

2. Employer understands that Employers Must Use E-Verify. Each employer, after hiring an employee to work in the United States, shall verify the work authorization of the employee through E-Verify in accordance with NCGS§64-26(a).

3. Employer is a person, business entity, or other organization that transacts business in this State and that employs 25 or more employees in this State. (Mark Yes or No)

a. YES \_\_\_\_ Employer employs 25 or more employees and is in compliance with the provisions of NCGS§64-26(a), OR

b. NO \_\_\_\_ Employer employs less than 25 employees and is not subject to provisions of NCGS§64-26(a).

4. Employer understands and agrees to ensure compliance with E-Verify by any subcontractors hired by Employer provided such subcontractors employ 25 or more employees in this State.

5. Employer shall keep Town of Franklin informed of any change in its status pursuant to Article 2 of Chapter 64 of the North Carolina General Statutes

This \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Signature \_\_\_\_\_

Print or Type Name: \_\_\_\_\_

State of North Carolina

County of \_\_\_\_\_

Signed and sworn to (or affirmed) before me, this the \_\_\_\_

day of \_\_\_\_\_, 20\_\_.

My Commission Expires:

\_\_\_\_\_  
\_\_\_\_\_

Notary Public

(Affix Official/Notarial Seal)