



Please return this sheet
with vendor forms.

Town of Franklin

VENDOR AND SUPPLIER INFORMATION

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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 Emilie Nickerson at Tel: (828)524-2516, Fax: (828)524-4540 or email: enickerson@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: _____

E-Verify

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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VENDOR AND SUPPLIER INFORMATION
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- *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: _____

PLEASE COMPLETE PAGE 2

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:** _____

HUB / MWBE / DBE CERTIFICATIONS:

Are you registered and certified with the any of the following: (**check all that apply**)

- NC State Purchase & Contract (P&C) <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://www.its.state.nc.us/ITProcurement/>
- NC Dept of Transportation DBE Certification <http://www.ncdot.org/business/ocs/dbe/>
- 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 effective 07/01/09 and provide your acceptance letter.

****We encourage all our vendors to register at the above websites for possible additional business activity.****

I 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:
Emilie Nickerson, Account Tech TEL: (828)524-2516 FAX: (828)524-4540 EMAIL: <u>enickerson@franklinnc.com</u>	Town of Franklin Attn: Accounts Payable P.O. Box 1479 Franklin NC 28734	Town of Franklin 95 East Main Street Franklin NC 28734

Request for Taxpayer Identification Number and Certification

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

Print or type
See Specific Instructions on page 2.

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

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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

Social security number
[] [] [] - [] [] - [] [] [] [] [] []
or
Employer identification number
[] [] [] [] - [] [] [] [] [] [] [] [] [] []

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for 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
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 on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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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/fw9.

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?** 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.

RFP Number (if applicable): _____

Name of Vendor or Bidder: _____

**IRAN DIVESTMENT ACT CERTIFICATION
REQUIRED BY N.C.G.S. 143C-6A-5(a)**

As of the date listed below, the vendor or bidder listed above is not listed on the Final Divestment List created by the State Treasurer pursuant to N.C.G.S. 143-6A-4.

The undersigned hereby certifies that he or she is authorized by the vendor or bidder listed above to make the foregoing statement.

Signature _____ Date _____

Printed Name _____ Title _____

Notes to persons signing this form:

N.C.G.S. 143C-6A-5(a) requires this certification for bids or contracts with the State of North Carolina, a North Carolina local government, or any other political subdivision of the State of North Carolina. The certification is required at the following times:

- When a bid is submitted
- When a contract is entered into (if the certification was not already made when the vendor made its bid)
- When a contract is renewed or assigned

N.C.G.S. 143C-6A-5(b) requires that contractors with the State, a North Carolina local government, or any other political subdivision of the State of North Carolina must not utilize any subcontractor found on the State Treasurer's Final Divestment List.

The State Treasurer's Final Divestment List can be found on the State Treasurer's website at the address www.nctreasurer.com/iran and will be updated every 180 days.

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 of Affiant _____

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)