

## Town of Ayden

### **VENDOR AND SUPPLIER INFORMATION**

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

construction, contracted of 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 252-481-5825 or by email at ap@ayden.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 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 252-746-7001 or emailed to ap@ayden.com
*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 Ayden pays North Carolina sales and use taxes and is located in Pitt 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.

## Town of Ayden

### **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 □Corporation □O	ther
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	n address.	and indicate their typ	pe, Accounts Payable remit
REMIT PAYMENT TO: ☐ same a	iddress as above		
Address:			
Attention:			
City:			
ACCOUNT CONTACT PERSON:		Account/Customer N	umber:
Account Representative:		Title:	
Contact Phone Number:	Ext #_		
Fax Number:	Email:		

# Town of Ayden

### **VENDOR/SUPPLIER INFORMATION FORM**

### W9 FORM:

Please com	plete a W-9 to accompany this form. A	current W-9 form may be obtained fror	n www.irs.gov
The Town charged to	ND USE TAX:  of Ayden is required to pay North Caro  the county where delivery takes place.  on charge NC sales tax on your invoices	. We are located in Pitt County, North	
NC COUN	TY in which sales tax is calculated:	Tax Rate:	
_	WBE 1 DBE CERTIFICATIONS: you registered and certified with the any of t	the following: (check all that apply)	
$\square$ N	C State Purchase & Contract	http:/vww.pandc.nc.gov/	
□N	C E-Procurement	http://eprocurement.nc.gov/	
□N	C IPS / Vendor Link	https:www.ips.state.nc.us/ips/	
□N	C IT Procurement Office	http://www.its.state.nc.us/ITProcureme	nt/
□N	C HUB / SWUC Certification	http://www.doa.state.nc.us/hub/index	k.htm
To b	e considered as a minority vendor, you must	register online with the NC HUB Office and	provide your acceptance lette
l,	cert	tify that the information on this form	n is correct:
 Signature	Print name	 Title	 Date
Jigilatare	i ilit ilalile	TILL	Date

#### Please complete the attached form and return to:

ACCOUNTS PAYABLE CONTACT:	CCOUNTS PAYABLE CONTACT: REMIT TO ADDRESS:	
TEL: (252)481-5825 FAX: (252)746-7001 EMAIL: ap@ayden.com	Town of Ayden Attn: Accounts Payable PO Box 219 Ayden, NC 28513	Town of Ayden 4144 West Avenue Ayden, NC 28513



# Request for Taxpayer Identification Number and Certification

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

intorna	111010	And Col vice								
	<b>1</b> N	Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.								
page 2.	<b>2</b> E	Business name/disregarded entity name, if different from above								
uo <b>s</b>	3 Check appropriate box for federal tax classification; check only one of the following seven boxes:  Individual/sole proprietor or C Corporation S Corporation Partnership Trust/estate single-member LLC				cert	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=partnership)   Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for				Exemption from FATCA reporting				rting		
Print or type		the tax classification of the single-member owner.	T ti lo lii lo	above 10		le (if ar	ıy) _			
P. P.		Other (see instructions) ►			(Аррі	(Applies to accounts maintained outside the U.S.)				
cifi	5 A	Address (number, street, and apt. or suite no.)	Reques	ster's nam	ne and a	ddress	(optio	onal)		
See <b>Spe</b>	6 0	City, state, and ZIP code								
	7 L	ist account number(s) here (optional)								
Par	tΙ	Taxpayer Identification Number (TIN)								
		TIN in the appropriate box. The TIN provided must match the name given on line 1 to av		Social	security	numb	er			
		thholding. For individuals, this is generally your social security number (SSN). However, folien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other								
		is your employer identification number (EIN). If you do not have a number, see <i>How to ge</i>								
TIN on page 3.										
<b>Note.</b> 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.		4 for	r Employer identification number							
				_						
Do		O4:51:								
Par		Certification								
	•	nalties of perjury, I certify that:					-\	اد		
		mber shown on this form is my correct taxpayer identification number (or I am waiting for					,.			
Se	rvice	ot subject to backup withholding because: (a) I am exempt from backup withholding, or (b (IRS) that I am subject to backup withholding as a result of a failure to report all interest per subject to backup withholding; and								
3. I a	m a l	U.S. citizen or other U.S. person (defined below); and								
4. The	FA7	TCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting	ng is cor	rect.						
becau intere gener	ise y st pa ally,	ion instructions. You must cross out item 2 above if you have been notified by the IRS the ou have failed to report all interest and dividends on your tax return. For real estate translaid, acquisition or abandonment of secured property, cancellation of debt, contributions to payments other than interest and dividends, you are not required to sign the certification is on page 3.	actions, o an inc	, item 2 d dividual r	does no etireme	ot app ent arr	ly. Fo	r mor ment (	tgage (IRA),	and
Sign		Signature of U.S. person ► Da	ate ▶							
	٠	Cici porcon:	1.0 -							

#### **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.