

**Vendor/Supplier Information Form
And Substitute W-9 Request for Taxpayer
Identification Number and Certification**

Please complete all appropriate spaces. Print legibly in ink or type. Return this completed form to the address on the front page within 14 days.

Company Name: _____

OR

Last: _____ First: _____ Middle: _____

Type or Organization:

Corporation Partnership Proprietorship Individual Other _____

Federal Tax ID #|_|_|_|-|_|_|_|_|_|_|_|_|_|_| OR Social Security #|_|_|_|_|-|_|_|_|_|-|_|_|_|_|_|_|_|_|_|_|

Certification - Under penalties of perjury, I certify that: (check 1 or 2)

- 1. The number shown on this form is my correct taxpayer identification number (or I am willing for a number to be issued to me).

- 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 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.

The Town of Winterville is required to pay North Carolina state and local sales tax. Please state whether you are set up to charge these taxes on your invoices. Yes No

Invoice Payment Terms: The Town of Winterville payment terms are **Net 30 Days** from the date of receipt of invoice, unless any available discounts are indicated on the invoice.

If you operate a business within the Town limits of Winterville, you are required to have a Town of Winterville Privilege License.

Does your company have a current Town of Winterville Privilege License? Yes No Privilege License #: _____

Contact Person: _____	Title: _____
Contact Phone #: _____	Extension #: _____
Toll Free Phone #: _____	Extension #: _____
Fax #: _____	Cell Phone #: _____
Web Address: _____	Email: _____

**MINORITY and WOMEN BUSINESS ENTERPRISE (MWBE)
VENDOR/SUPPLIER INFORMATION**

To qualify for MWBE vendor status, 51% of the company must be owned and controlled by a minority or a woman (single person or group).

Owner: _____ President: _____

Indicate if you have previously been certified as an MWBE Vendor by: Town of Winterville OR State of NC

Please check the following that apply: African American Hispanic Asian American Indian Woman

**Address to Receive
Purchase Orders (POs):** _____

Town: _____ County (NC only): _____
State: _____ Zip Code: _____
Telephone #: _____ Extension #: _____
Fax # to Receive PO's: _____

(Additional Addresses, if different from above:)

Accounts Payable (Remit To): _____

Town: _____
State: _____ Zip Code: _____
Telephone #: _____ FAX #: _____

Physical Location Address: _____

Town: _____
State: _____ Zip Code: _____
Telephone #: _____ FAX #: _____

Please attach a list of additional addresses, if needed by the Town of Winterville, and indicate their type (Purchase Order, Accounts Payable, Physical Location, or Other).

Commodities: Please use the space below to describe the commodities you sell or the services you wish to provide to the Town of Winterville, or attach line cards or other information to this form.

I certify that the information on this form is correct:

_____ (print name) _____ (title) _____ (date) _____ (signature)