



TOWN OF CARY

VENDOR APPLICATION

Town of Cary
316 N. Academy St.
PO Box 8049
Cary, NC 27513

Vendor Number

Submit to:
teresa.hargis@townofcary.org
or fax 919/388-5810
For questions call 919/462-3849

PLEASE PRINT CLEARLY

Date: _____ New Vendor Application Current Vendor - Please Update

Section A - Vendor General Information:

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

Business name _____
(Business name/ disregard entity name if different from above)

Mailing Address _____

City _____ State _____ Zip Code _____

Remit to (address for payment remittance):
Provide an alternate address for remittance of payments even if direct deposit is utilized.

Mailing Address _____

City _____ State _____ Zip Code _____

Business Phone _____ Toll-free Number _____ Fax # _____

E-mail _____

Name of Contact: _____

Section B - Vendor Profile Information

Type of Purchase

Materials/goods Professional Services Construction / Repair Other Services

Type of Business

Corporation S-Corporation Medical & Legal State Agency Federal Agency

Non-Profit Individual / Sole Proprietor Partnership Other

VENDOR APPLICATION

MWBE:

Is your company certified as a MWBE

(Minority Women-owned Business Enterprise):

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 : *select all that apply*

HUB: DOT Other

Enter the start date of your state certification _____

Enter the end date of your state certification _____

Please attach a copy of your current HUB, DOT or Other Certification

REQUIRED

Not completing/submitting this required information will delay payment processing.

Section C - Substitute W-9 Form – You may also attach your W-9 form when you submit your application.

Request for Taxpayer Identification Number and Certification (required if U.S. Citizen or U.S. Person):

Taxpayer Identification number _____
OR
Social security number _____

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*)

Authorized Signature (Required)

Date _____ Printed name _____

International / Foreign Vendors Please attached a copy of your **Form W-8BEN (Required)**

Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals) Who Must Provide Form W-8BEN You must give Form W-8BEN to the withholding agent or payer if you are a nonresident alien who is the beneficial owner of an amount subject to withholding, or if you are an account holder of an FFI documenting yourself as a nonresident alien. If you are the single owner of a disregarded entity, you are considered the beneficial owner of income received by the disregarded entity. Submit Form W-8BEN when requested by the withholding agent, payer, or FFI whether or not you are claiming a reduced rate of, or exemption from, withholding. You should also provide Form W-8BEN to a payment settlement entity (PSE) requesting this form if you are a foreign individual receiving payments subject to reporting under section 6050W (payment card transactions and third-party network transactions) as a participating payee. However, if the payments are income which is effectively connected to the conduct of a U.S. trade or business, you should instead provide the PSE with a Form W-8ECI.

VENDOR APPLICATION

Representative for Town of Cary Only

Tax ID – OFAC – Tin Matching

Reviewed and Verified by: _____ Date _____

Code: _____

Section D - Payment Confirmation & Authorization for EFT Payment Setup :

I **want** to participate in the EFT/ACH (Direct Deposit) program:

We encourage our vendors to participate in the EFT program....

Faster Payments › ACH payments can be credited to your account in less than three business days. Payments made through the U.S. Postal Service can take seven to ten days. › Banks do not hold ACH payments like they do checks. Your funds are available as soon as the ACH payment is credited to your account.

Fewer Hassles › ACH payments eliminate the need for paper checks and envelopes as well as the fuel and energy used to prepare and deliver checks. › Your ACH payment cannot be lost in the mail or sent to an outdated address. › You can receive immediate notification of each ACH payment (with remittance detail) sent to the email address you provide. › You will save time by not traveling to the bank or waiting in lines to deposit your check.

Authorization for EFT Setup for the Town of Cary

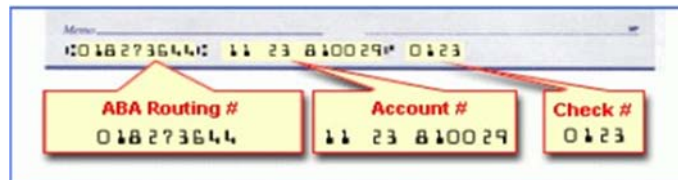
I acknowledge that electronic payments to the designated account must comply with the provisions of U.S. law, as well as the requirements of the Office of Foreign Assets Control (OFAC). I affirm that, regarding electronic payments the Town of Cary may remit to the financial institution for credit to the account that I have designated, the entire payment amount **is not** subject to being transferred to a foreign bank account.

If you are unable to make the above affirmation, the Town of Cary will not be able to process your payment by EFT and will continue to process all payments to your company by check.

As an authorized representative of the company named above, I authorize the Town of Cary to begin transferring all payments due to us electronically to the banking institution listed above. I also authorize the Town, following oral communication, to debit amounts that result from an overpayment to the Town's account.

Payment Account Information

(for US financial institutions only)



CHECKING ACCOUNT ONLY

Financial Institution Name _____

Routing number _____

Account number _____

Authorized Signature (Required)

Date _____ Print Name: _____

E-mail (required for direct deposit) _____

By providing an e-mail address, I authorize notifications of payment(s) posting to my account.

Please notify us immediately if you close this account or wish to discontinue receiving funds electronically.

I do **NOT** want to participate in the EFT program.

I prefer to receive payment by a check - per the submitted remittance address above.

VENDOR APPLICATION

Instructions for preparing the Vendor Setup Application for New Vendors

Section A - Vendor General Information:

Provide the vendor's basic information so that it may be entered into the vendor system.

Remit To: Provide an alternate address for remittance of payments even if EFT is utilized.

Section B - Vendor Profile Information:

Type of Purchase:

Vendor shall identify if they provide goods, services, or a combination of both.

Vendor Classification:

Vendor shall identify, which one of the following vendor classifications, they qualify as: corporation (provide the corporate charter number), medical/legal, state agency, federal agency, non-profit (501 C), PLS, individual/sole proprietorship, partnership, LLC taxed as a sole proprietor, or LLC taxed as a partnership.

MWBE:

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

Section C - Substitute W-9 Form & W-8BEN

Please note that the Vendor name and Tax ID are **required**.

Providing the taxpayer information is required for initial vendor set-up. The form must contain an original signature in this section for set-up to conduct business with the Town of Cary.

International / Foreign Vendors Please attached a copy of your Form W-8BEN (Required)

Section D - Payment Account Information & Authorization for EFT Payment Setup :

Select if you wish to participate in the EFT program.....

Important: Your EFT account information may be different from the account information printed on your checks. It is recommended that you contact your financial institution to confirm your direct deposit account information

Authorization for EFT Payment Setup for the Town of Cary

(Required for direct deposit): Provide the contact name, date, and e-mail to which payment notifications are to be sent for direct deposits. Notifications are sent for EFT payments only, and e-mails are sent one business day prior to the deposit.

Once this form has been completed and signed - please fax to 919/388-5810 or e-mail to: teresa.hargis@townofcary.org.