

**CLEVELAND COUNTY, NORTH CAROLINA
FINANCE AND PURCHASING DEPARTMENT
VENDOR REGISTRATION FORM INSTRUCTIONS**

To become or remain an active vendor with Cleveland County, complete and return the attached Vendor Registration Form (as a Substitute W-9 form). Current information is required for the County's financial system that will enhance our ability to efficiently process the County's purchases of goods and services.

Return the Vendor Registration Form promptly to be considered as a Cleveland County vendor.

- Before providing goods or services, you must submit this form and be set up as a vendor.
- Cleveland County must pay NC State and County sales and use tax on purchases of **goods and shipping**. These taxes, when applicable, should be included on your invoice.
- All vendors must comply with State sales tax provisions. Cleveland County does not wish to conduct business with non-compliant vendors.
- Purchase order is required on purchases for \$200 or more. Please place the County's purchase order number on invoices, when possible.
- Cleveland County's **payment terms** are net 30 days from the date of receipt of invoice, unless you indicate otherwise on the attached form. Please list any available discounts.
- **Original invoices must** be mailed to Payables, Finance Department, at the address below. If an invoice is faxed, the original invoice must still be mailed. Invoices for delivered materials should include both the order date and the ship date. Invoices for services should include a date range or ending date. Services should be billed on a regular and periodic basis (monthly, quarterly, etc.). All invoices for services performed or goods delivered through June 30 must be received by July 31; and must be billed separately from any amounts for the period after June 30.
- Cleveland County requests that all **deliveries** be shipped FOB destination or freight charges be prepaid by vendor and added to your invoice.
- On the next page, see a condensed version of the general terms and conditions for Cleveland County. For the entire text, please visit www.clevelandcounty.com/FinanceD/vendors.html.

For assistance, contact Finance at 704-484-4808 or email sybil.walker@clevelandcounty.com.

For questions regarding payments, contact Payables at 704-484-4810 or 704-484-4802 or email acct.pay@clevelandcounty.com.

Return the attached form to:
VRF, Finance Department
Cleveland County Government
PO Box 1210
Shelby, NC 28151-1210
Fax 704-484-4796

Send Invoices to:
Payables, Finance Department
Cleveland County Government
PO Box 1210
Shelby, NC 28151-1210
Fax 704-484-4796

Privacy Act Notice: Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you. You must provide your TIN whether or not you are required to file a tax return. This information will not be distributed to any other individuals outside of Cleveland County Government.

**CLEVELAND COUNTY, NORTH CAROLINA
FINANCE AND PURCHASING DEPARTMENT
GENERAL TERMS AND CONDITIONS**

This is a condensed version of the general terms and conditions for Cleveland County. For the entire text, visit the Cleveland County website at www.clevelandcounty.com/FinanceD/vendors.html

The contractor shall be responsible for supervising their employees and shall be solely responsible for their pay and any benefits. Contractor shall employ people who are skilled in the performance of the duties required. The contractor will be responsible for verification of any employee's eligibility to legally work in the US.

The contractor shall indemnify, defend and hold harmless the County from and against any and all loss, damages, obligations, liabilities and expenses due to acts of negligence or willful misconduct by contractor and any claims seeking payment.

Contractor shall comply with all state, federal, or local laws, regarding equal opportunity employment laws, OSHA regulations, minimum wage and hour regulations. Contractor will enforce a policy of nondiscrimination on the basis of race, color, religion, gender, age, national origin or disability.

Contractor and all subcontractors shall provide all necessary certificates issued by its insurance carrier for automobile liability, commercial general liability, and workers compensation.

The contractor is a business (if a corporation) duly incorporated, validly existing and in good standing under the laws of the state of NC and is qualified to do business in NC. Notarized copies of all valid licenses and certificates required for performance of the work required will be supplied to the County.

The parties agree that time is of the essence and that if the contractor fails to meet its obligations, the County may employ such means to continue operations; the contractor shall be responsible for any damages or loss of County equipment or facilities arising out of an act or omission of the contractor. It is agreed that the County will incur damages if the contractor fails to meet its requirements, therefore liquidated damages are set at 1/30 per day of the total monthly rate charged by the contractor. The County shall not be liable to the contractor for any stoppage or delay in the performance of any obligations of the County. The contractor shall not be excused from performance by virtue of force majeure events; the contractor should ensure that these events do not result in any failure or delay to performance.

The County shall have the right to audit the contractor's compliance to the agreement. All written information received by the County shall be available for public inspection and released to the public.

The contractor agrees to collect all sales and use tax on all tangible personal property.

The County may terminate the agreement at any time without cause by giving 30 day prior written notice to the contractor or either party may give written notice to the other party to terminate upon occurrence of a violation of any portion of the agreement, attempts to assign, terminate, or cancel the agreement contrary to the terms; or ceases to do business as a going concern.

No public officer or employee who is involved in making or administering a contract on behalf of a public agency may derive a direct benefit from the contract except as provided or otherwise allowed by law. If a benefit is derived, the public officer or employee shall not attempt to influence any other person who is involved in making or administering the contract. No public officer or employee may solicit or receive any gift, reward, or promise of reward in exchange for recommending, influencing, or attempting to influence the award of a contract by the public agency he or she serves. It is unlawful for any officer or employee of the State given information in a confidential matter or any official action relating to the information to acquire a pecuniary interest in any property, transaction, or enterprise or gain any pecuniary benefit which may be affected by such information or official action or intentionally aid another to do any of the above acts.

V# _____

**CLEVELAND COUNTY, NORTH CAROLINA
FINANCE AND PURCHASING DEPARTMENT
VENDOR REGISTRATION FORM
SUBSTITUTE FORM W-9**

PLEASE PRINT OR TYPE

**INDIVIDUAL AND SOLE PROPRIETOR - ENTER NAME AS SHOWN ON YOUR SOCIAL SECURITY CARD.
OTHERS- ENTER YOUR LEGAL/REGISTERED NAME AS SHOWN ON REQUIRED TAX DOCUMENTS.**

CIRCLE ONE:
Individual/Sole Proprietor
Corporation
Partnership
LLC-Please specify: Inc.,
Proprietor, Partner
State/Local Govt.
Other/Specify: _____

Name: _____
 DBA/Trade Name: _____
 Mailing Address: _____
 (street, city, state, zip)
 Remit To Address: _____
 (street, city, state, zip)

Contact Person: _____ Title: _____
 Phone: _____ Fax: _____ Email or Website: _____

Taxpayer Identification Number (TIN) : Mandated by the Internal Revenue Service.

Individual/Sole Proprietor, Partnership: ____ -- ____ -- ____ (Social Security Number)
 *If partnership or proprietor uses SSN, specify name on Social Security Card: _____
 *If providing services, also complete a "Worker Status Determination Report" and attach to this document.

Proprietor, Partnership, Corporation, Other: ____ -- ____ (Employer Identification No.)
 *If you applied for a TIN, you must submit to Cleveland County within 30 days of receipt.

Subject to Backup Withholding () yes () no **I am a U.S. Citizen (including a U.S. resident alien)** () yes () no

Pursuant to NCGS 143-48, indicate if 51% of the business or stock is owned and controlled by one of the following:
 ___ African American ___ American Indian ___ Hispanic ___ Asian ___ Female ___ Socially/Economically Disadvantaged ;
 and pursuant to NCGS 63A-19 ___ Disabled Person.

- Do you have a nexus (office or sales rep) within North Carolina: () yes () no
- Are you registered with North Carolina to collect sales and use taxes () yes () no
 If yes, list your NC Sales and Use Tax Account ID number: _____
- If you operate within the State of North Carolina, which county(s) do you report Sales and Use Tax:
 For sales picked up at your place of business: _____ County
 For sales delivered to our location: _____ County
- Freight Charges: () flat rate () variable rate () none
- Invoice Payment Terms/Discounts: () 1% 10th/ mo. () 1% 10 net 30 () net 30 () other _____
- Does your company accept Visa as a form of payment () yes () no. Are there any fees to the County for using the visa card () yes () no

Principal activity of your business: (Please check as many as apply)
 () Rent () Construction () Medical () Health Care () Social Assistance () Retail () Services () Food
 () Other _____
 Please list products sold, specific work done or service provided _____

At the present time, or at any time during the previous 12 months, has any owner, officer, stockholder, employee, or other person with an interest, either direct or indirect, in the above named business been connected in any official capacity, or been employed by, Cleveland County government (refer to NCGS 14-234)? ___ No ___ Yes, please identify relationship(s) _____

Certification: I certify that the number shown on this form is my correct taxpayer identification number and that all other information is accurate. I understand that any missing information can delay payment.

Signature: _____ **Title:** _____ **Date:** _____

COUNTY OF CLEVELAND

Return to: VRF, Finance Department

Address: Post Office Box 1210
Shelby, NC 28151-1210
Telephone: (704) 484-4808
Fax: (704) 484-4796



**Vendor Electronic Funds Transfer
Form (EFT)**

- Initial Enrollment
- Change Information

Vendor # _____
Date Changed _____

For your convenience and benefit, County of Cleveland offers payees the opportunity to receive future payments electronically, rather than by check. Your payments will be deposited into the checking or savings account of your choice. In addition to having the money deposited electronically, you also will be notified of the deposit by e-mail. The e-mail will provide you with all the information that would normally be on your check stub. To receive payments electronically, you must print, complete this form, attach a voided check or have a bank representative sign and return to the address above.

Company Name _____
Street Address _____
City _____ State _____ Zip _____ - _____

Bank Name _____
Address _____
City _____ State _____ Zip _____ - _____
Routing/ABA# _____ Bank Account # _____
 Checking Saving

By signing below, the above information is correct and accurate to the best of my knowledge.

Bank Representative Signature _____ Phone # _____
(Please attach Business Card of Bank Representative)

IF NO BANK SIGNATURE, PLEASE ATTACH A VOIDED CHECK TO VERIFY ACCOUNT

Payment Notifications should be received by:

Name _____ Title _____
Email _____ Phone # _____

By signing below, I hereby authorize Cleveland County to deposit funds into the account and to the persons indicated above. I understand that if my banking information changes and Cleveland County is not made aware of the change, then payment may be delayed.

Signature _____ Date _____
Name _____ Title _____