

**CLEVELAND COUNTY FINANCE
VENDOR REGISTRATION FORM INSTRUCTIONS**

To become or remain an active vendor with the County of Cleveland, this Vendor Registration Form as a Substitute W-9 form must be completed and returned to the address below. Current information is required for the County's financial system that will enhance our ability to process the County purchases of good and services. **Return this form promptly, or we will interpret the lack of a returned completed form as your desire not to be included on Cleveland County's vendor and bidder lists.**

For your information, please note the following:

- The County of Cleveland is **not tax exempt** and must pay North Carolina State and County sales and use tax on purchases of **goods and shipping**. These taxes, when applicable, should be included on your invoice.
- Purchase order is required on purchases for \$200 or more.
- The County of Cleveland **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 sent to Cleveland County Finance Department, Accounts Payable, at the address below. Do not send invoices with deliveries or give to county employees.
- Cleveland County requests that all **deliveries** be shipped FOB destination or freight charges be prepaid by vendor and added to your invoice.
- **Federal Tax Info.** If you have applied for a taxpayer identification number to be issued to you, the new number must be received by Cleveland County within 30 days.
- ***Back-Up Withholding.** You are not subject to back-up withholding if: a) you are exempt; b) you have not been notified by the IRS that you are subject to back-up withholding as a result of a failure to report all interest or dividends; or c) the IRS has notified you that you are no longer subject to back-up withholding.

For assistance, contact Finance at 704-484-4808 or email Cindi.Cannon@ClevelandCounty.com

Bids or Quotes, contact Purchasing at 704-484-4840 or email Purchasing.Dept@ClevelandCounty.com

Invoices or Payments, contact Accounts Payable at 704-484-4810.

Return the attached form within 14 days to:

**VRF, Finance Department
County of Cleveland
PO Box 1210
Shelby, NC 28151-1210
Fax 704-484-4778**

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.

**VENDOR REGISTRATION FORM
CLEVELAND COUNTY FINANCE**

P.O. Box 1210, Shelby, NC 28151-1210
Phone: 704-484-4807 Fax: 704-484-4778

Cleveland County Use
Name: _____
V# _____
B# _____

SUBSTITUTE FORM W-9 PLEASE PRINT OR TYPE

**INDIVIDUAL AND SOLE PROPRIETOR - ENTER NAME AS SHOWN ON YOUR SOCIAL SECURITY CARD.
CORPORATION - ENTER YOUR BUSINESS NAME AS SHOWN ON REQUIRED TAX DOCUMENTS.**

Circle One:
Individual/Sole Proprietor
Corporation
Partnership
State or Local Govt.
Other/Specify: _____

Name: _____

Mailing Address: _____
Street Address/PO Box

City, State, Zip: _____

DBA/Trade Name: _____

Contact Person: _____ Title: _____

Phone: _____ Fax: _____ Email or Website: _____

**COMPLETE THIS SECTION IF YOUR REMIT TO ADDRESS IS DIFFERENT FROM YOUR MAILING ADDRESS
REMIT TO ADDRESS:** _____

Tax Payer Identification Number (TIN) : The Internal Revenue Service mandates that we keep your TIN on file.
Individual/Sole Proprietor, Partnership: ____ -- ____ -- ____ (Social Security Number)
If partnership or proprietor uses SSN, specify name on Social Security Card: _____
Proprietor, Partnership, Corporation, Other: ____ -- ____ (Employer Identification No.)
Subject to Backup Withholding: () yes () no *See Instructions, Page 1*
I am a U.S. Citizen (including a U.S. resident alien): () 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
Do you have a nexus (office or sales rep) within North Carolina: () yes () no
- Freight Charges: () flat rate () variable rate () none
- Invoice Payment Terms/Discounts: () 1% 10th/ mo. () 1% 10 net 30 () net 30 () other _____

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 _____

Minority and Women Business Enterprise (MWBE): Is 51% of the business or stock owned by one of the following:
() African American () American Indian () Female () Hispanic () Asian () Not Applicable
or () Socially/Economically Disadvantaged

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: _____