TOWN OF CLAYTON

NEW VENDOR PACKAGE

This package contains credit application information for the Town of Clayton on the last two pages.

INSTRUCTIONS:

1. Complete Vendor Application
2. Complete E-Verify Employer Compliance Statement only if contract **is not** solely for purchase of goods, apparatus, supplies, materials, or equipment. **Contracts that involve a combination of purchase and construction or purchase and service require completion of the compliance statement**
3. Complete IRS Form W-9
4. Complete Electronic Payment Authorization for ACH
5. Return completed documents to the address listed on the Vendor Application

VENDOR APPLICATION
Town of Clayton
PO Box 879
Clayton, NC 27528
Phone: (919) 359-9338
Fax: (919) 553-8919

Please Type or Print Legibly

Federal ID # _____ SS # _____ Vendor # _____

Vendor Name	Date

PHYSICAL ADDRESS		PAY ADDRESS	
Street		Street	
Street		Post Office Box	
City		City	
State	Zip Code	State	Zip Code

CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER

YEAR ESTABLISHED	TERMS	DISCOUNT

CONTRACTOR'S LICENSE # (if applicable)	SIGNATURE EMAIL ADDRESS:

This firm certifies that it is a: (if applicable)

☐ Disabled ☐ Minority Business Enterprise ☐ Women Business Enterprise

To qualify for MWBE status, 51% of the company must be owned and controlled by minority groups or women. For the purpose of this definition, minority group members are Black Americans, Hispanic Americans, American Indians and/or American Women. To qualify for Disabled status, 51% of the company must be owned and controlled by disabled persons.

Product(s) and/or Service(s)

Please list the type product(s) and/or Service(s) that your company can provide.

_____ _____ _____

_____ _____ _____

_____ _____ _____

Town of Clayton

E-Verify Employer Compliance Statement

E-Verify for Public Contracts: HB 786 (S.L. 2013-418); Amended by HB 369-Section 13 (S.L. 2014-119); Amended by HB 318-Section 1 (S.L. 2015-294)

The legislation referenced above prohibits governmental units from awarding to, entering into contracts, or otherwise engaging in business with contractors or businesses unless the contractor or business (hereinafter Employer) and their subcontractors comply with the E-Verify requirements of Article 2 of Chapter 64 of the NC General Statues. **Effective for contracts entered into on or after October 1, 2015, the E-Verify requirement will apply to all contracts unless the contract is solely for the purchase of goods, apparatus, supplies, materials, or equipment.** ***Contracts that involve a combination of purchase and construction or purchase and service are not exempt***.

The Employer understands that E-Verify is a federal program operated by the United States Department of Homeland Security and other federal agencies, or any successor or equivalent program used to verify the work authorization of newly hired employees pursuant to federal law. Employer is defined as any person, business entity, or other organization that transacts business in this sate and that employs 25 or more employees in this State.

Employer understands that in order to contract with or engage in business with the **Town of Clayton** they must be in compliance with the E-Verify requirements.

Please choose the correct statement below. Please also sign and date the form.

A) Employer has fewer than 25 employees and/or does not do business in NC (exempt from E-Verify requirement).

_____	_____	_____
Company Name	**Signature and Title**	**Date**

B) Employer has more than 25 employees and transacts business in NC is in compliance with E-Verify requirement.

_____	_____	_____
Company Name	**Signature and Title**	**Date**

Jody L. McLeod
MAYOR

Bruce Thompson
TOWN ATTORNEY

Steve Biggs
TOWN MANAGER

Bob Satterfield
Art Holder
Jason Thompson
R.S. "Butch" Lawter, Jr.
COUNCIL MEMBERS

Michael Grannis
MAYOR PRO TEM

Premier Community NORTH CAROLINA CLAYTON 1869 *for Active Families*

March 26, 2014

Dear Contractor/Vendor

Would you like to receive your payments in a fast, safe, reliable way? The Town of Clayton offers convenient Direct Payment that can save you time, money and reduce the risk of lost or fraudulent checks.

Your money will be transferred through the Automated Clearing House (ACH) Network, a secure payment transfer system that connects all U.S. financial institutions and processes billions of payments every year for everyone from the Federal Reserve to Visa. The funds go directly into your bank account, eliminating the need to send checks by mail and wait for bank processing. Federal banking regulations provide protection for these electronic payments, making them safe and reliable. You can find more information on those rules here: https://www.nacha.org/.

So please take advantage of this Direct Payment option to help reduce errors, speed things up and save resources. Sign up by simply completing and returning the attached form along with a voided check. Or you can go to our website, fill-in the convenient online version and hit submit. Just go here: http://www.townofclaytonnc.org/DirectPayment.aspx

Thank you for your time and consideration. Please contact me if you have any questions.

Sincerely,

Robert W. McKie, Jr.
Finance Director
Office: 919-553-5002 ext. 5100
Email: rmckie@townofclaytonnc.org

ELECTRONIC PAYMENT AUTHORIZATION FOR AUTOMATIC PAYMENT (ACH)
AND REQUEST TO CHANGE PAYMENT INFORMATION

Please select one of the following:

☐ First time request for ACH payments ☐ Request to change ACH payment information

(Please print or type all information)

The following banking information applies to:

Vendor Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

We offer the following payment terms and conditions to the Town of Clayton: _____

Bank Account Information: I hereby authorize the Town of Clayton to initiate ACH credits (deposits) to the **Checking** Account described below: (No Savings Accounts) ***Please attach copy of voided check.***

Bank Name: _____

Address: _____

City: _____

Routing/ABA Number: _____ Account Number: _____

Deposit Notification Information: I hereby authorize the following individual to receive notification via email of payment ***details of all funds deposited*** to the above account:

Name (Printed or Typed): _____
Email Address: _____
Title: _____
Phone Number: _____

Officer Name (Printed or Typed): _____

Signature _____ Title _____

Phone Number _____ Date _____

Term: This authority will remain in full force and effect until the Town of Clayton has received written notification of discontinuation and in such manner as to afford both the Town of Clayton and Depository a reasonable opportunity to act on it.

(For Town Use Only)

Vendor Number: _____ **Date information entered:** _____ **Keyed by**: _____

Where to send completed form:

U.S. Mail	Town of Clayton Accounts Payable PO Box 879 Clayton, NC 27528-0879
Email	kmaples@townofclaytonnc.org
Fax	919-553-8919

Town of Clayton

Credit Application Information/W-9

Town of Clayton
111 E Second St
Clayton, NC 27520
919-553-5002

Town of Clayton – Operations Center
653 Hwy 42 West
Clayton, NC 27520

Town of Clayton – Waste Water Treatment Plant
1000 Durham St
Clayton, NC 27520

Town of Clayton – Fire Department
325 W Horne St
Clayton, NC 27520

Primary Mailing Address:
PO Box 879
Clayton, NC 27528-0879

TIN #56-6001203
DUNS #8324647488

The Town of Clayton is a tax-exempt municipality governed by the laws of the State of North Carolina. Website: http://www.townofclaytonnc.org

The current credit ratings for the Town are: S&P's – AA, Moody's – Aa2, and the North Carolina Municipal Council (NCMC) – 84.

Finance Director:
Robert McKie – rmckie@townofclaytonnc.org
919-553-5002 ext. 5100

Accounts Payable
Karen Maples – kmaples@townofclaytonnc.org
919-553-5002 ext. 5102

Form **W-9**
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
TOWN OF CLAYTON

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:
☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate
☐ 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 the tax classification of the single-member owner.
☑ Other (see instructions) ▶ MUNICIPALITY

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any)
Exemption from FATCA reporting code (if any)
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
PO BOX 879

Requester's name and address (optional)

6 City, state, and ZIP code
CLAYTON, NC 27528-0879

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. 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.

Social security number
☐☐☐ – ☐☐ – ☐☐☐☐

or

Employer identification number
5 6 – 6 0 0 1 2 0 3

Part II Certification

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 (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person ▶ Robert W. McKeel Date ▶ 12-30-14

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.