



# CITY OF SANFORD TRIRIVER WATER VENDOR APPLICATION



PO Box 3729  
Sanford, NC 27331-3729  
Phone: (919) 777-1139

Date \_\_\_\_\_

New Vendor Registration

Current Vendor – Record Update  
**\*Only Complete Fields below that relate to the information to be changed.**

## INSTRUCTIONS FOR NEW VENDORS

1. Complete Vendor Application
2. Complete IRS Form W-9 (attached to this form)
3. Complete E-Verify Form (attached to this form)
4. Complete Electronic Payment Authorization for ACH, you **MUST send a voided check or a letter from your bank verifying your account information on their letterhead.**
5. Return completed documents to the address listed on the Vendor Application

## **W-9 Form (US Vendors)**

The City of Sanford dba TriRiver Water requires a taxpayer identification number in order to register. It may be either an employee identification number (EIN) issued by the IRS, or your social security number. If you receive payment from the City, your tax ID number will be reported to the Internal Revenue Service for federal tax withholding purposes. Failure to provide the tax ID number may result in: (a) federal backup withholding; (b) withholding of payment by the City; and/or (c) disqualifications from participating in municipal contracts.

Federal Tax ID # OR Social Security Number \_\_\_\_\_

I have attached a signed and completed W-9 **AND** E-Verify form:  Yes

No

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) \_\_\_\_\_

Date \_\_\_\_\_

Printed Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_



# CITY OF SANFORD TRIRIVER WATER VENDOR APPLICATION



**OFFICE USE ONLY**

Rec'd. Date \_\_\_\_\_  
Keyed Date \_\_\_\_\_  
Vendor # \_\_\_\_\_  
Dept. Req. \_\_\_\_\_  
Sam.Gov \_\_\_\_\_

Vendor Name \_\_\_\_\_  
(As shown on your income tax return)

Business Name (DBA) \_\_\_\_\_  
(Business name or Trade name)

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Tax ID \_\_\_\_\_

Remit to: Provide an alternative address for remittance of payments even if direct deposit is utilized.

Remittance Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Phone \_\_\_\_\_ Toll Free Number \_\_\_\_\_

Purchasing Contact \_\_\_\_\_ Email \_\_\_\_\_

Remittance Contact \_\_\_\_\_ Email \_\_\_\_\_

**Minority Women-owned Business Enterprise- MWBE:**

Is your company certified as a MWBE?

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:

HUB  DOT  Other

I have attached a copy of my current HUB, DOT or Other Certification:  Yes  No

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. **To be recognized as an MWBE vendor with the City of Sanford dba TriRiver Water you must attach your certification.**

Send completed form: City of Sanford Financial Services Department  
P.O. Box 3729  
Sanford, NC 27331-3729  
Email: invoices@sanfordnc.net

**Missing information and documentation will delay the enrollment of your company in the  
City of Sanford dba TriRiver Water Vendor Database.**

# Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**Give form to the  
requester. Do not  
send to the IRS.**

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

<b>Print or type.</b>  <b>See Specific Instructions on page 3.</b>	<b>1</b>	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)		
	<b>2</b>	Business name/disregarded entity name, if different from above.		
	<b>3a</b>	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____  <i>(Applies to accounts maintained outside the United States.)</i>	
	<b>3b</b>	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . <input type="checkbox"/>		
	<b>5</b>	Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)	
	<b>6</b>	City, state, and ZIP code		
	<b>7</b>	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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

<b>Social security number</b>									
				-					
<b>or</b>									
<b>Employer identification number</b>									

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

## 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 for Part II, later.

<b>Sign Here</b>	Signature of U.S. person	Date
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

I, \_\_\_\_\_ (hereinafter the "Affiant"), duly authorized by and on behalf of \_\_\_\_\_ (hereinafter the "Employer") after being first duly sworn deposes and says as follows:

1. I am the \_\_\_\_\_ (President, Manager, CEO, etc.) of the Employer and possess the full authority to speak for and on behalf of the Employer identified above.
2. Employer understands that "E-Verify" means the federal E-Verify program operated by the United States Dept. 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.
3. \_\_\_\_ Employer employs 25 or more employees in the State of North Carolina and is in compliance with the provisions of N.C. Gen. Stat. §143-133.3. Employer has verified the work authorization of its employees through E-Verify and shall retain the records of verification for a period of at least one year.

\_\_\_\_ Employer employs fewer than 25 Employees and is therefore not subject to the provisions of N.C. Gen. Stat. §143-133.3.

4. All subcontractors engaged by or to be engaged by Employer have or will have likewise complied with the provisions of N.C. Gen. Stat. §143-133.3.
5. Employer shall keep the City of Sanford informed of any change in its status pursuant to Article 2 of Chapter 64 of the North Carolina General Statutes.

Further this affiant sayeth not.

This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Affiant

STATE OF NORTH CAROLINA  
COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

[SEAL]

My commission expires: \_\_\_\_\_



# CITY OF SANFORD TRIRIVER WATER



## 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 City of Sanford dba TriRiver Water: \_\_\_\_\_

Bank Account Information: I hereby authorize the City of Sanford dba TriRiver Water to initiate ACH credits (deposits) to the **Checking** Account described below: (No Savings Accounts). **Verification of banking information is required. Voided Check or Bank Letter must be attached.**

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 City of Sanford dba TriRiver Water has received written notification of discontinuation and in such manner as to afford both the City of Sanford dba TriRiver Water and Depository a reasonable opportunity to act on it.**

## Purchase Order Terms and Conditions

City of Sanford/TriRiver Water

Address all acknowledgements and all communications relating to this order to the ordering department, City of Sanford/TriRiver Water, PO Box 3729, Sanford NC 27331-3729

Conditions Governing this Purchase Order

1. THE CITY OF SANFORD/TRIRIVER WATER IS NOT RESPONSIBLE FOR MATERIAL, SUPPLIES, OR EQUIPMENT DELIVERED WITHOUT AUTHORITY OF ITS WRITTEN ORDER.
2. Purchase Order Number MUST appear on invoice, packing list and all shipping labels.
3. Submit invoice in duplicate for each purchase order.
4. Send invoice to our bill to address or email [invoices@sanfordnc.net](mailto:invoices@sanfordnc.net).
5. An individual invoice MUST be rendered for each purchase order. NO statement will be paid.
6. Do not over ship or substitute. Ship exactly as ordered.
7. Include itemized packing slips with all shipments or deliveries. Show name of DEPARTMENT for whom delivery is intended.
8. All materials, supplies and equipment received subject to inspection and acceptance by City of Sanford/TriRiver Water.
9. If unable to fill this order exactly in accordance with description unit and price thereon communicate at once with the ordering department for instruction. The City/TriRiver reserves the right to reject and return at shippers' expense any and all materials or supplies delivered which do not conform to our description or specifications.
10. If there is any part of this order you cannot fill promptly or within the time specified, notify the ordering department at once. In case of unreasonable delay in delivery or delivery of goods inferior to those specified, or in case of any other default of the vendor, the ordering department shall have the right at it's option to cancel this order in whole or in part, and the City may procure the goods, or services from other sources, and hold the vendor responsible for any part, and EXCESS COST, EXPENSE AND DAMAGES occasioned thereby.
11. E-VERIFY: For purchase orders that include construction or services, employers and their subcontractors with 25 or more employees in North Carolina as defined in Article 2 of Chapter 64 of the NC General Statutes must comply with E-Verify requirements to contract with the City/TriRiver. E-Verify is a Federal program operated by the US 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.
12. Contractor certifies, that, as of the acceptance of this bid or contract, it is not on the "Final Divestments Lists" (FDL) created by the State Treasurer pursuant to N.C.G.S. 147-86.55 et. seq. Iran

## Purchase Order Terms and Conditions

Divestment Act and N.C.G.S. 147-86.8 et. seq. Divestment from Companies Boycotting Israel Act. Contractor shall not utilize in the performance of the contract any subcontractor that is on the FDL. FDL lists can be found at:

<https://www.nctreasurer.com/about/transparency/commitment-transparency/divestment-and-do-not-contract-rules>.