

**LINCOLN COUNTY, NC VENDOR REGISTRATION FORM**

<b>Requester Information</b>	
<b>Department Name:</b>	
<b>Contact Name:</b>	
<b>Address:</b>	<b>City:</b>
<b>State:</b>	<b>Zip:</b>
<b>Phone:</b>	<b>Fax:</b>
<b>Email:</b>	

<b>Substitute IRS Form W-9</b>	<b>Request for Taxpayer Identification Number and Certificate</b>
<b>Company Name:</b>	
Business Name if different from above:	
Taxpayer ID # (TIN) <input type="text"/> SSN (for individuals)	
Select Filing Status: <input type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Corporation Enter the tax classification (D = disregarded entity, C = Corporation, P = Partnership ► _____ <input type="checkbox"/> Other	
<b>Sign Here►</b>	<b>Date►</b>

Lincoln County is required to pay North Carolina state and local sales tax. Please state whether you are set up to collect these taxes on your invoices. Yes <input type="checkbox"/> No <input type="checkbox"/>
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<b>Address for Accounts Payable (Remit to):</b>		
Street or PO Box:		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
DBA/Trade Name:		
Contact Person:	Title:	
<b>Phone:</b>	<b>Fax:</b>	<b>Email:</b>

<b>Address for Purchase Orders:</b>		
Street or PO Box:		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
Telephone:	<b>Fax:</b>	<b>Email:</b>

<b>Address for Bids:</b>		
Street or PO Box:		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
Telephone:	<b>Fax:</b>	<b>Email:</b>

<b>Will your company accept electronic purchase orders? Yes <input type="checkbox"/> No <input type="checkbox"/></b>		
If Yes list email address:		
<b>Will your company accept faxed purchase orders? Yes <input type="checkbox"/> No <input type="checkbox"/></b>		
If Yes list fax number:		

Over →

**Commodities/Services:** Please use the space below to describe the commodities you sell or the services you wish to provide to Lincoln County, or attach line cards or other information to this form.

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**Invoice Payment Terms:** Lincoln County payment terms are **Net 30 days** from date of receipt of invoice unless any available terms are indicated on the invoice. Do you agree to these terms? Yes  No

**Shipping Terms:** Prepaid FOB Destination (Lincoln County Department's Location). Do you agree to these terms? Yes  No

**MINORITY, WOMEN OWNED and DISABLED BUSINESS ENTERPRISE  
(MWBE)  
VENDOR INFORMATION**

To qualify for MWBE vendor status, 51% of the company must be owned and controlled by one of the following: (please check all that apply):

African American  American Indian  Female  Hispanic  Asian   
Disabled  or Socially/Economically Disadvantaged

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

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(Print Name)

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(Title)

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(Date)

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(Signature)

The County reserves the right to reject any and all bids or proposals, to waive any technicalities associated with the bid or proposal, and to make the award that it deems in the best interest of the County.

Please complete the form and return it to the Contact person listed in the Requester information.