



Vendor Registration Form

Haywood County, 215 N Main Street, Waynesville, NC 28786

Sole Proprietorship
 Partnership
 Incorporated
 LLC
 Gov. Entity
 Other: _____

Name on IRS Record	Phone Number	Fax Number
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Company DBA Name – Payments will be made payable to this name	Phone Number	Fax Number
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W 9 or 1099 Address - (PO Box #, street, apt. or suite #, city, state)	9 Digit Zip Required
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Website: _____

Federal Tax ID#	OR	Social Security #
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Type of Payee:

Consultant
 Contractor
 Medical Services
 Legal
 Other: _____

Purchase Order Information (if different from above):

PO Box or Street, City, State, Zip Code	Phone #	Fax #
Contact: Name and Title:	E-Mail Address	

Bid/Quote/Proposal Information (if different from above):

PO Box or Street, City, State, Zip Code	Phone #	Fax #
Contact: Name and Title:	E-Mail Address	

Remit To Information (if different from above):

PO Box or Street, City, State, Zip Code	Phone #	Fax #
Contact: Name and Title:	E-Mail Address	

Sales Tax: Haywood County is required to pay North Carolina state and local sales tax. Please state whether you are set up to charge these taxes on your invoices. Yes No

Invoice Payment Terms: Haywood County payment terms are **Net 30 Days** from the date of receipt of invoice, unless any available discounts are indicated on the invoice.

Purchase Orders: Purchases of \$1,000 or above require a purchase order number.

Required Forms: An **IRS W-9** form is required before payment will be made to any vendor.



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(continued)

Do you have Workers' Compensation Insurance?

Yes No

(proof of Workers' Compensation Insurance may be requested)

Do you have Liability Insurance coverage?

Yes No

(proof of Liability Insurance may be requested)

Contractor's license #, if applicable:

Does your business deliver to/service Waynesville, NC?

Yes No

Is there a delivery charge for this?

Yes No

**MINORITY and WOMEN BUSINESS ENTERPRISE (MWBE)
VENDOR/SUPPLIER INFORMATION**

To qualify for MWBE vendor status, 51% of the company must be owned and controlled by a minority or a woman (single or group).

Owner: _____ **President:** _____

Indicate if you are certified as an MWBE Vendor by:

State of North Carolina *Other*

Please check the following that apply:

African American *Hispanic* *American Indian*
 Woman *Economically Disadvantaged* *Asian*

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

Submit forms to:

Donna Corpening, *Purchasing Manager*
Haywood County Finance Department
215 N Main Street
Waynesville NC 28786
Fax (828) 452-6725
donna.corpening@haywoodcountync.gov