



Please return this sheet  
with vendor forms.

# Town of Franklin

## VENDOR AND SUPPLIER INFORMATION

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**Contractor definition – includes any person or company who enters city owned premises to provide construction, contracted or service related work.**

The Contractor or sub-contractor(s) shall not begin any work until a **standard Certificate of Insurance (COI) including Employer's General Liability and Worker's Compensation Insurance have been received by the Accounts Payable Department.** If you have questions please contact Emilie Nickerson at Tel: (828)524-2516, Fax: (828)524-4540 or email: [enickerson@franklinnc.com](mailto:enickerson@franklinnc.com).

The Contractor and sub-contractor(s) agree that during the term of his/her contract, at their sole cost and expense, shall provide commercial insurances with terms and limits as may be reasonably associated with any contracts and/or services, unless stated differently.

**Will you be on City premises to perform work? Yes  No**

Is a COI attached with AP packet **Yes  No**  or will COI be forwarded by insurance company? **Yes  No**

**STEP 1: SIGNATURE \_\_\_\_\_ DATE COMPLETED: \_\_\_\_\_**

### E-Verify

Effective September 4, 2013, the State of NC passed **H786/Session Law 2013-418**, to clarify which employers are subject to **NC E-Verify laws** and impose E-Verify requirements on most public (government) contracts. It **applies to all city and county** contracts regardless of type or cost. A purchase order (PO) is a contract in the eyes of the NC General Statutes. Without these requirements a contract can be void and unenforceable.

**An e-verify affidavit is available in this vendor packet.**

**Have you completed the E-Verify Affidavit? Yes  No**

**STEP 2: SIGNATURE \_\_\_\_\_ DATE COMPLETED: \_\_\_\_\_**

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VENDOR AND SUPPLIER INFORMATION  
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**\*The vendor form must be completed and returned to Accounts Payable prior to ordering, shipping and performing services.**

· **We request that your company establish a SINGLE account for the City as a whole, i.e., no individual accounts by different location, department, or division. The individual locations should be in the SHIP TO/PHYSICAL LOCATION section.**

· All invoices should contain company name, address, telephone and fax numbers, and all items itemized. If not, the invoice will not be processed for payment. Your company will be responsible for contacting us regarding payment.

· We will gladly accept handwritten invoices as long as all invoices are legible and contain a company heading. If invoices are illegible, we will ask your company to provide a legible copy before the payment can be processed.

· Partial deliveries must be indicated on the invoice.

\* The Town of Franklin **pays North Carolina sales and use taxes** and is located in Macon County. These taxes, when applicable, should be included on your invoice on a separate line from others goods and services. **All NC sales tax should be charged to the county where delivery takes place.**

· Payment for goods or services cannot be made from statements or packing lists.

· If **purchasing contracts** are necessary, please contact the appropriate Department Manager for these contract negotiations. Please note that the Town Manager has the final approval on all contracts.

I understand the above terms and conditions and will follow these procedures.

**STEP 3: SIGNATURE** \_\_\_\_\_ **DATE COMPLETED:** \_\_\_\_\_

# Town of Franklin

## VENDOR/SUPPLIER INFORMATION FORM

- Print legibly or type. Please complete this form in its entirety so we may get your organization added to our financial software as a Vendor/Supplier/Bidder. If all information is not provided or is illegible, you may not be considered a valid Vendor/Supplier/Bidder and could result in a late payment.
- If you are a current vendor or bidder and receiving this form, it means we need updated information for your organization.
- You may return form by mail, fax, or email- contact information is on page 2.

New       Existing / Update Information - Vendor # \_\_\_\_\_

**TYPE OF ORGANIZATION:**  Individual  Partnership  Corporation  Other \_\_\_\_\_

**Vendor/Company Name:** \_\_\_\_\_ dba \_\_\_\_\_

Federal Tax ID # | \_ | \_ | - | \_ | \_ | \_ | \_ | \_ | \_ | \_ |

**OR**      **Use same # you use for your federal & state income tax forms.**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **MI** \_\_\_\_\_

Social Security # | \_ | \_ | \_ | - | \_ | \_ | - | \_ | \_ | \_ | \_ |

### PHYSICAL LOCATION:

Address: \_\_\_\_\_

Attention: \_\_\_\_\_

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

*Please attach a list of additional addresses, if needed and indicate their type, Accounts Payable remit to address, and Physical location address.*

**REMIT PAYMENT TO:**  same address as above

Address: \_\_\_\_\_

Attention: \_\_\_\_\_

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

**ACCOUNT CONTACT PERSON:**      Account/Customer Number: \_\_\_\_\_

Account Representative: \_\_\_\_\_ Title: \_\_\_\_\_

Toll Free Phone # \_\_\_\_\_ Ext # \_\_\_\_\_

Contact Phone # \_\_\_\_\_ Ext # \_\_\_\_\_

Fax # \_\_\_\_\_ Business Cell Phone # \_\_\_\_\_

Web Address: \_\_\_\_\_ Email: \_\_\_\_\_

**PLEASE COMPLETE PAGE 2**





RFP Number (if applicable): \_\_\_\_\_

Name of Vendor or Bidder: \_\_\_\_\_  
\_\_\_\_\_

**IRAN DIVESTMENT ACT CERTIFICATION  
REQUIRED BY N.C.G.S. 143C-6A-5(a)**

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As of the date listed below, the vendor or bidder listed above is not listed on the Final Divestment List created by the State Treasurer pursuant to N.C.G.S. 143-6A-4.

The undersigned hereby certifies that he or she is authorized by the vendor or bidder listed above to make the foregoing statement.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

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Printed Name \_\_\_\_\_ Title \_\_\_\_\_

*Notes to persons signing this form:*

N.C.G.S. 143C-6A-5(a) requires this certification for bids or contracts with the State of North Carolina, a North Carolina local government, or any other political subdivision of the State of North Carolina. The certification is required at the following times:

- When a bid is submitted
- When a contract is entered into (if the certification was not already made when the vendor made its bid)
- When a contract is renewed or assigned

N.C.G.S. 143C-6A-5(b) requires that contractors with the State, a North Carolina local government, or any other political subdivision of the State of North Carolina must not utilize any subcontractor found on the State Treasurer's Final Divestment List.

The State Treasurer's Final Divestment List can be found on the State Treasurer's website at the address [www.nctreasurer.com/iran](http://www.nctreasurer.com/iran) and will be updated every 180 days.

\*\*\*\*\*

I, \_\_\_\_\_ (the individual attesting below), being duly authorized by and on behalf of  
\_\_\_\_\_ (the entity contracting with Town hereinafter "Employer") after first being duly sworn

hereby swears or affirms as follows:

1. Employer understands that E-Verify is the federal E-Verify 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 in accordance with NCGS §64-25(5).

2. Employer understands that Employers Must Use E-Verify. Each employer, after hiring an employee to work in the United States, shall verify the work authorization of the employee through E-Verify in accordance with NCGS§64-26(a).

3. Employer is a person, business entity, or other organization that transacts business in this State and that employs 25 or more employees in this State. (Mark Yes or No)

a. YES \_\_\_\_\_ Employer employs 25 or more employees and is in compliance with the provisions of NCGS§64-26(a),  
OR

b. NO \_\_\_\_\_ Employer employs less than 25 employees and is not subject to provisions of NCGS§64-26(a).

4. Employer understands and agrees to ensure compliance with E-Verify by any subcontractors hired by Employer provided such subcontractors employ 25 or more employees in this State.

5. Employer shall keep Town of Franklin informed of any change in its status pursuant to Article 2 of Chapter 64 of the North Carolina General Statutes

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

Signature of Affiant \_\_\_\_\_

Print or Type Name: \_\_\_\_\_

State of North Carolina

County of \_\_\_\_\_

Signed and sworn to (or affirmed) before me, this the \_\_\_\_\_

day of \_\_\_\_\_, 20\_\_.

My Commission Expires:

\_\_\_\_\_

Notary Public

(Affix Official/Notarial Seal)