



TOWN OF WILKESBORO

2026 Vendor Information Form

Individual/Business Name:			
Doing Business As:	dba		
In Business since:			
Federal Tax Class:	<input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other: _____		
Taxpayer Identification Number (TIN)	Which number you use to file your company's taxes: Social Security Number : ____ - ____ - ____ OR Federal Identification Number: ____ - ____ - ____		
Would you like a 10-99 for tax purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Physical Address:			
City, State, Zip		County:	
Payment Address:			
City, State, Zip		County:	

Main Company Phone:		Toll Free Phone:	
Fax Number:		Web Address:	

Accounting Contact:		Job Title:	
Direct Telephone:		Direct Fax Number:	
Business cell:		Payment Terms:	
Email:		Email to request invoice(s): (if different)	

Products or Services Offered:			
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☞ The Town of Wilkesboro pays NC sales and use tax. Does your organization charge NC sales tax on your invoices? ☞ Is your W-9 attached with this vendor form? <i>Please complete a current W-9 form which may be obtained from website: www.irs.gov</i> ☞ Will you be performing real property contracts? <i>Information about the sales and use tax can be found by visiting website: NC Department of Revenue, Sales and Use Tax</i> ☞ Does your business qualify for NC Historically Underutilized Business (HUB) status? NC § 143-128.4 ☞ Are you registered with the NC Office for Historically Underutilized Businesses? ☞ Are you registered with System for Award Management (sam.gov) as vendor to do business with the federal government, applying for grants, and checking entity compliance?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
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Which town employee or department sent this form to you, in case we have questions?			
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ACH Bank Type:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Bank Name:	
Routing Number:		Bank Account Number:	
Email for ACH payment(s)			

Attach a check marked "VOID" with preprinted name & current address **OR** an official **BANK FORM, certified & stamped by bank official**, which provides bank account number and routing number.

I authorize ACH payment Authorized Signature:	Date:
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I certify the information on this form is correct.

Print Name:		Title:	
Signature:		Date Signed:	



TOWN OF WILKESBORO

Terms & Conditions

All vendor forms must be completed and returned to Town prior to ordering, shipping, and performing services.

<https://wilkesboronc.org/accounts-payable>

- All invoices should be invoiced to the "Town of Wilkesboro, Attn: Accounts Payable, PO Box 1056, Wilkesboro, NC 28697." Please do not send original invoices with deliveries.
- We accept invoices via mail, fax, or email. If sending an invoice by email, remit to Mia Brown by email mbrown@wilkesboronc.org, mail (address above), Fax 336-838-7616. For questions, call Mia Brown at 336-838-3951 ext. 1003.
- We request that your company to establish a **SINGLE account for the Town as a whole**, i.e., no individual accounts by town department or division. The [department information](#) should be in the SHIP TO section. If no Ship to section on invoice(s), indicate which department or employee's first and last name in the body of the invoice.
- All invoices should contain company name, address, telephone and fax numbers, and all items itemized. If the items are not stated by type (i.e., materials, labor, freight, surcharges, taxes, etc.), the invoice will not be processed for payment. Your company will be responsible for contacting us regarding payment. If a contracted price is agreed upon, please attached a copy of the contract to the invoice.
- We will gladly accept **handwritten invoices** if all invoices are legibly written and contain a company heading. If invoices are not legible, we will ask your company to provide a legibly written copy before the payment can be processed.
- **The Town of Wilkesboro uses a Purchase Orders numbers (PO #)** for ALL payments. **Please make sure the PO # is printed clearly on all invoices, packing lists, packages, statements, shipping notices and any other written correspondence.** We are not responsible for any goods delivered without a PO #.
- **If an invoice is received without a PO #, your invoice will not be processed until a PO # is obtained** by the seller. The seller shall contact the employee placing the order or Department Head for a PO # before mailing invoice.
- Each invoice shall use one PO # **only**. Invoices will be returned for revising if they contain more than one PO #. Each PO can be for more than one Invoice.
- **Partial deliveries/backorders must be indicated on the invoice.** Once a PO # is closed, it cannot be re-opened and will delay payment.
- The Town of Wilkesboro requests that all deliveries be **shipped FOB Destination/Prepaid**, and freight added to the invoice. Please do not invoice freight separately from goods or services.
- **The Town of Wilkesboro pays NC sales and use tax.** Our town is located in Wilkes County and our NC sales tax rate is 7%.
- **The Town of Wilkesboro's payment terms are NET 30 DAYS** from the date of invoice. **Payment for goods or services cannot be made from statements or packing lists.**
- **E-Verify Requirements** - As a condition for payment under this purchase order, Vendor shall: (i) comply with NC GS 64-25 and (ii) cause each subcontractor hereunder to comply with such requirements. Vendor will indemnify and save harmless the Town from all losses, damages, fees, costs, expenses, fines, and other liabilities resulting from any failure by Vendor or any subcontractor to comply with the [NCE-Verify Requirements](#).
- **Iran Divestment Act** - Contractor hereby certifies that Contractor, and all subcontractors, are not on the Iran Final Divestment List ("List") created by the NC Department of State Treasurer pursuant to NC GS 147-86.55-69. Contractor shall not utilize any subcontractor that is identified on the [list](#).
- **Divestment from Companies Boycotting Israel** - State and local Governments are now prohibited from contracting with companies that are boycotting Israel. NC GS 147-86.80-84 went into effect when it was passed by the General Assembly and signed by the Governor and the list is maintained by on the NC Department of State Treasurer. [list](#).
- **Debarred Vendors - local and state funds** <https://evp.nc.gov>, click *Browse Vendors* button, then in the *Vendor Status* drop down box choose *debarred*, and Click *Search* button. All purchases or services using **federal funds** must be approved by the Finance Director on <https://sam.gov> and <https://evp.nc.gov> prior to fulfillment to ensure [Uniform Guidance](#) requirements are being followed correctly.
- **Title VI of the Civil Rights Act of 1964** - "No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance." [Federal website](#). [Town policy](#).
- **Federal Monies, Grants or FEMA Related Purchases** – All purchases or services that are the result of a declared disaster or state/federal money must be approved by the Finance Director and Town Manager prior to fulfillment to ensure [Uniform Guidance](#) requirements are being followed correctly.
- Please note that the Town Manager has final approval on all contracts. Any contracts over \$5,000, the Town Manager approval is needed by Town Council, and this takes place during their monthly Town Council meetings. [Town Council meeting schedule](#)
- This list is **not** all inclusive and other requirements can be found on Town's and NC State's forms - [TOWN'S Contract Terms and Conditions](#) and [NC General Terms and Conditions](#).

I certify that I will adhere to the information on this form.

Print Name & Job Title _____ Signature _____ Date _____