



TOWN OF OAK ISLAND, NC
VENDOR/SUPPLIER INFORMATION FORM
www.oakislandnc.com

To: All Vendors/Suppliers:

In order to become or remain an active vendor/supplier with the Town of Oak Island, NC, the following Vendor/Supplier information Form and Substitute W-9 must be completed and returned to the Town of Oak Island, Accounts Payable, 4601 E. Oak Island Drive, Oak Island, NC 28465. Current information is required for the Town's financial system that will enhance our ability to process Town purchases of goods and services. **If we do not receive this form back, we will assume that you do not desire to continue inclusion on the Town's vendor and bidder's list.**

For your information, please note the following:

1. All prices must be f.o.b. delivered to the point for on the front of the purchase order. Where a specific purchase is quoted of negotiated f.o.b. shipping point, the Vendor is to prepay shipping charges and add to the invoice.
2. The Town of Oak Island pays North Carolina sales and use tax and is not tax-exempt. These taxes, when applicable, should be included on your invoice.
3. The Town of Oak Island's payment terms are Net 30 Days from the date of receipt of invoice, unless any available discounts are indicated on the invoice.
4. Original invoices must be mailed to Town of Oak Island, 4601 E. Oak Island Drive, Oak Island, NC 28465.
5. If you have any questions concerning invoices or payments, please call Town of Oak Island Accounts Payable at 910-278-5011 ext.226.

If you have any questions about this form, please contact Town of Oak Island Accounts Payable by phone at 910-278-5011 ext. 226.

Please return the following form within 14 days to:

**Town of Oak Island
Accounts Payable
4601 E. Oak Island Drive
Oak Island, NC 28465**

Town of Oak Island, NC
Vendor/Supplier Information Form
And Substitute W-9 Request for Taxpayer
Identification Number and Certification

Please complete all appropriate spaces. Print legibly in ink or type. Return this completed form to the address on the front page within 14 days.

Company Name: _____

OR
Last: _____ First: _____ Middle: _____

Type or Organization:

Corporation Partnership Proprietorship Individual Other: _____

Federal Tax ID# |_|_|-|_|_|_|_|_|_|_| OR Social Security # |_|_|_|_|-|_|_|-|_|_|_|_|_|_|_|

Certification – Under penalties of perjury, I certify that: (check 1 or 2)

- 1. The number shown on this form is my correct taxpayer identification number (or I am willing for a number to be issued to me).

- 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 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

The Town of Oak Island 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: Town of Oak Island payment terms are **Net 30 Days** from the date of receipt of invoice, unless any available discounts are indicated on the invoice.

Contact Person: _____ Title: _____

Contact Phone #: _____ Extension #: _____

Toll Free Phone #: _____ Extension #: _____

Fax #: _____ Cell Phone #: _____

Web Address: _____ Email: _____

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 person or group).

Owner: _____ President: _____

Indicate if you are certified as an MWBE Vendor by: State of North Carolina OR Other

Please check the following that apply: African American Hispanic American Indian Woman

Economically Disadvantaged

ATTACH CERTIFICATION

**Address to Receive
Purchase Orders**

City: _____ County (NC only): _____

State: _____ Zip Code: _____

Telephone #: _____ Extension: _____

Fax # to Receive PO's: _____

(Additional Addresses, if different from above:)

Accounts Payable (Remit To): _____

City: _____

State: _____ Zip Code: _____

Telephone #: _____ FAX #: _____

Physical Location Address: _____

City: _____

State: _____ Zip Code: _____

Telephone #: _____ FAX #: _____

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

I certify that the information on this form is correct:

(Print Name) (Title) (Date) (Signature)