

CITY OF CONCORD
VENDOR INFORMATION
www.concordnc.gov

In order to become or remain an active vendor with the City of Concord, the following Vendor information form and W9 must be completed and returned to City of Concord, Purchasing Division, or other designee. _____ The EFT, electronic funds transfer form, is available, to process electronic payments.

Please note the following:

1. The City of Concord pays North Carolina sales and use tax and is not tax-exempt. These taxes, although not shown on the purchase orders, should be included on your invoice.
2. Any questions regarding invoices should be directed to the Accounts Payable department. 704-920-5217
3. All sections of the vendor form should be completed.
4. W9 is required, listing the IRS issued tax number (EIN) or SS number, should be a match to tax filing name to number provided.
5. Check our web site for: department contacts, vendor quick reference guide, electronic funds transfer, etc.
6. If you have a contact person with a City department, their name should be in the (for City use only) section on the bottom of vendor form.

Please note: there are times, when we may send these forms, for updating our records. Feel free to contact us if any questions. 704-920-5444

Purchasing Department
City of Concord
850 Warren C. Coleman Blvd (Hwy 601 S)
P. O. Box 308
Concord, N. C. 28026-0308
Fax: 704-785-8856

**VENDOR INFORMATION FORM
CITY OF CONCORD**



**Purchasing Department, Division of Finance Department
Brown Operations Center
635 Alfred Brown Jr Court SW
P. O. Box 308
Concord, NC 28026-0308
Phone: 704-920-5440 Fax: 704-785-8856
www.concordnc.gov (INFORMATION AND CONTACTS)**

NOTE: COMPLETION OF THIS FORM IS NECESSARY TO ESTABLISH A VENDOR NUMBER WITHIN OUR SYSTEM, AND FOR ANY FUTURE PAYMENTS, CONTRACTING, ETC. THE W9 MUST ALSO BE COMPLETED AND SUBMITTED. THIS FORM IS ALSO FOR VENDOR INFORMATION UPDATES.

(AS SHOWN ON IRS TAX FORM)

LEGAL NAME OF COMPANY/CORPORATION: _____
SOLE PROPRIETOR NAME _____
DBA/DOING BUSINESS AS (IF DIFFERENT FROM LEGAL NAME) _____

ARE YOU A NORTH CAROLINA CORPORATION? YES _____ NO _____ ARE YOU REGISTERED TO DO BUSINESS IN NORTH CAROLINA? YES _____ NO _____

FEDERAL TAX ID# _____ SOCIAL SECURITY # IF INDIVIDUAL/SOLE PROPRIETOR _____
NOTE: NUMBER PROVIDED MUST MATCH YOUR TAX REPORTING NAME

QUOTATION ADDRESS: _____ **COUNTY** _____

MAILING ADDRESS (PURCHASE ORDERS) _____

REMITTANCE ADDRESS _____

INVOICE PAYMENT TERMS _____ **TERM DISCOUNT? IF YES, EXPLAIN** _____

MANAGER: _____ **PHONE:** _____ **FAX:** _____

SALES REPRESENTATIVE: _____ **PHONE:** _____ **FAX:** _____

CONTACT PERSON: _____ **PHONE:** _____ **FAX:** _____

ACCOUNTS RECEIVABLE CONTACT: _____ **PHONE:** _____ **FAX:** _____

NOTE: FOR ELECTRONIC PAYMENTS, EFT FORM IS ON WEB SITE OR CONTACT FINANCE:
<http://www.concordnc.gov/Departments/Finance/Accounts-Payable> **FOR MORE INFORMATION**

TYPE OF PRODUCT OR SERVICES PROVIDED: _____

FOR CITY USE BELOW:

CITY DEPARTMENT CONTACT: _____ **DATE:** _____

RECEIVED IN PURCHASING BY: _____ **DATE:** _____

VENDOR NUMBER ASSIGNED: _____

NOTES OR COMMENTS: