

Return to:  
 Cleveland County  
 VRF, Finance Department  
 Post Office Box 1210  
 Shelby, NC 28151-1210



**Cleveland County**  
 NORTH CAROLINA

VENDOR REGISTRATION FORM  
 SUBSTITUTE FORM W-9

PLEASE PRINT OR TYPE

Sybil Walker  
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 Fax: (704) 484-4796  
 Email: Sybil.Walker@clevelandcountync.gov

**Contact Information**

(Individual or Sole Proprietor - Enter name as shown on your social security card  
 Others - Enter your legal / registered name as shown on required tax documents)

**Remit to Contact Information**

First Name	Middle Name	Last Name	First Name	Last Name	
Doing Business As / Trade Name			Title	Phone Number	
Phone Number	Mobile Phone Number		Fax Number	Website	
Email Address			Email Address		
Street			Street		
City	State	Zip Code	City	State	Zip Code

<p>Check One</p> <p>Individual / Sole Proprietor Corporation</p> <p>Partnership</p> <p>LLC—Please specify:</p> <p>Inc. Proprietor</p> <p>Partner</p> <p>State / Local Government</p> <p>Other _____</p>	<p>Pursuant to NCGS 143-48, indicate if 51% of the business or stock is owned and controlled by one of the following:</p> <p>African American</p> <p>American Indian</p> <p>Asian</p> <p>Female</p> <p>Hispanic</p> <p>Socioeconomically Disadvantaged</p> <p>And pursuant to NCGS 63A-19</p> <p>Disabled Person</p>	<p>Principal activity of your business (Please check as many as apply):</p> <p>Rent/Lease Social Assistance</p> <p>Construction Service</p> <p>Medical Food</p> <p>Health Care Retail</p> <p>Other _____</p> <p>Please list products sold, specific work done, or service provided: _____</p>
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**Taxpayer Identification Number (TIN) Mandated by the Internal Revenue Service**

**Individual / Sole Proprietor, Partnership** - Social Security Number (SSN): \_\_\_\_\_

\*If Sole Proprietor or Partnership uses SSN, specify name on SS Card: \_\_\_\_\_  
As Shown on SS Card

\*If providing services, also complete a *Worker Status Determination Report* and attach it to this document.

**Proprietor, Partnership, Corporation, Other** - Employer Identification Number (EIN): \_\_\_\_\_

\*If you applied for a (TIN), you must submit to Cleveland County within 30 days of receipt.

**Are you subject to Backup Withholding?** Yes No

**Are you a US Citizen or Resident Alien?** Yes No

- Do you have a Nexus (office or sales rep) within North Carolina? Yes No
- Are you registered with North Carolina to collect Sales and Use taxes? Yes No  
 If yes, list your NC Sales and Use Tax Account ID number: \_\_\_\_\_
- If you operate within the State of North Carolina, which county(ies) do you report Sales and Use Tax?  
 For sales picked up at your place of business: \_\_\_\_\_ County  
 For sales delivered to our location: \_\_\_\_\_ County
- Freight Charges: Flat Rate Variable Rate None
- Invoice Payment Terms/Discounts 1% 10th/mo. 1% 10 net 30 Net 30 Other \_\_\_\_\_
- Does your company accept Visa as a form of payment? Yes No  
 Are there fees to the County for using the Visa card? Yes No

At the present time or at anytime in the previous 12 months, has any owner, officer, stockholder, employee, or other person with an interest, either direct or indirect, in the above named business been connected in any official capacity, or been employed by, Cleveland County government (refer to NCGS 14-234)? No Yes If yes, please identify relationship(s): \_\_\_\_\_

**Certification:** I certify that the number shown on this form is my correct taxpayer identification number and that all other information is accurate. I understand that any missing information could delay payment.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_