

*County of Avery
Finance Office*

Starla McClellan
Deputy Finance Officer
Accounts Payable
828-733-7000

Nancy Johnson, Finance Officer
828-733-8200
(Fax 828-733-8209)
PO Box 640, Newland, NC 28657

Ashley Cole Ingwersen
Deputy Finance Officer
Payroll
828-733-7006

VENDOR/SUPPLIER INFORMATION FORMS

To: All Vendors/Suppliers:

In order to become or remain an active vendor/supplier with the County of Avery, the following Vendor/Supplier information Forms(s) and W-9 must be completed and returned to us. Current information is required in order for the County to continue to process the purchases of goods and services. Please take a moment to complete these forms. Your prompt attention to this matter is appreciated. **If we do not receive the forms back, you will not be a vendor/supplier for the County of Avery.**

For your information, please note the following:

1. The County of Avery pays North Carolina sales and use tax and is not tax-exempt. These taxes, when applicable, should be detailed and included on your invoice.
2. The County of Avery's payment terms are Net 30 Days from the date of receipt of invoice, unless any available discounts are indicated on the invoice.
3. **Original invoices must be mailed to County of Avery, Finance Department, PO Box 640, Newland, NC 28657. Do not send original invoices with deliveries or give to County employees.**
4. If you need assistance or if you have any questions concerning invoices and/or payments, please Contact Starla McClellan at 828-733-7000.

Please return the following forms as soon as possible to:

**County of Avery
Finance Department
PO Box 640
Newland, NC 28657
or
Fax to 828-733-8209**

County of Avery
 Finance Office
 PO Box 640
 Newland, NC 28657
 PHONE -- 828-733-7000
 FAX -- 828-733-8209



For Accounting Use Only
V//
By:
Date:

VENDORS -- PLEASE COMPLETE THIS FORM IN FULL ALONG WITH THE ATTACHED IRS FORM W-9

VENDOR NAME _____

PAYMENT ADDRESS:

STREET _____

PO BOX _____

CITY _____ STATE _____ ZIP _____

CONTACT NAME _____

PHONE NUMBER _____

FAX NUMBER _____

TERMS _____

PLEASE LIST PRODUCTS/SERVICES YOU PROVIDE _____

ARE YOU A CERTIFIED MINORITY BUSINESS ENTERPRISE? YES NO

IF YOU ANSWERED YES, PLEASE CHECK THE APPROPRIATE BOX:

- AFRICAN-AMERICAN
- HISPANIC
- AMERICAN INDIAN
- FEMALE
- ASIAN AMERICAN
- DISABLED AS DEFINED IN GS 168-1 OR GS 168A-3
- NON-PROFIT WORK CENTER FOR BLIND; SEVERLY DISABLED AS DEFINED IN GS143-48
- SOCIALLY & ECONOMICALLY DISADVANTAGED AS DEFINED IN 15 USC 837

SIGNATURE: _____

TITLE: _____

DATE: _____

Rev. 8/00 Department Submitting: _____

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E-Verify Employer Compliance, Tax and Iran Divestment Act Statement

As a Contractor/vendor of the County of Avery you shall comply with the requirements of Article 2 of Chapter 64 of the North Carolina General Statutes. Further, if Contractor/Vendor utilizes a subcontractor, Contractor/Vendor shall require the subcontractor to comply with the requirements of Article 2 of Chapter 64 of the North Carolina General Statutes.

Contractor/Vendor, hereafter Employer, understands that E-Verify is a federal 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. Employer is defined as: Any person, business entity, or other organization that transacts business in this State and that employs 25 or more employees in this State.

Therefore, all employers must be in compliance with the E-Verify requirements to enter into contracts with the County of Avery.

Below check the type of employer and complete the information.

- A) Employer with less than 25 employees, not required to use E-Verify: _____
- B) Employer with 25 or more employees required by Article 2 of Chapter 64 of the NC General Statutes to use E-Verify: Yes we comply: _____

Company Name	Signature and Title	Date
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Payment of Avery County Taxes

By signing below I verify that I or my company has paid all tax due to the County of Avery.

Company Name	Signature and Title	Date
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*Business Certification form must be signed by Tax Office Signature also

Avery County
Business Certification

Statement Date: _____

Company Name: _____

Owner's Name: _____

Other businesses owner is associated with:

*****TO BE COMPLETED BY TAX OFFICE*****

Taxes Paid Through: _____

Total Taxes Past Due: _____

Business Personal Property Listed Through: _____

I certify that the above business/company or associated business has listed personal property for the current tax year and that there are no delinquent taxes due as of this statement date.

Tax Office Signature: _____