



Vendor Registration Form

NOTE: All fields on this form must be complete to process your registration.
Incomplete information will result in delays in registration and/or payment.

New Registration

Update Existing Record

City of Charlotte Vendor ID # _____

Company Name: _____

Legal Name: _____

(As shown on IRS Tax Forms)

<p align="center">Company Headquarter's Physical Address (No PO Box #'s)</p> <p>Street Address: _____ _____ _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>County (NC/SC only): _____</p>	<p align="center">Company Contact Information</p> <p>Company Email: _____ (Email Address Purchase Orders should be sent to. If available, use generic email, such as Sales@company.org)</p> <p>Company Phone #: _____</p> <p>Company Fax #: _____</p> <p>Company Website Address: _____</p>
<p align="center">Payment Mailing Address (Company Name and Payment Address as shown on Invoice)</p> <p>Company Name: _____</p> <p>Street Address: _____ _____</p> <p>City: _____ State: _____ Zip: _____</p>	<p align="center">Payment Contact Information</p> <p><input type="checkbox"/> Use Company Contact Information</p> <p>Email: _____</p> <p>Phone #: _____</p> <p>Fax #: _____</p> <p>Contact Name: _____</p>
<p align="center">Purchase Order Mailing Address</p> <p><input type="checkbox"/> Use Company Headquarter's Physical Address</p> <p>Street Address: _____ _____</p> <p>City: _____ State: _____ Zip: _____</p>	<p align="center">Purchasing Contact Information (Contact for solicitation notifications)</p> <p>Email: _____</p> <p>Phone #: _____</p> <p>Fax #: _____</p> <p>Contact Name: _____</p>
<p align="center">Ownership Race/Ethnicity*</p> <p><input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Caucasian</p>	<p align="center">Ownership Gender*</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>
<p align="center">*Ownership is determined by the majority (greater than 50%) ownership of the company. Race and gender ownership information is for statistical purposes only and is required to complete your application.</p>	
<p align="center">Company Business Type</p> <p><input type="checkbox"/> Architectural, Engineering & Surveying <input type="checkbox"/> Construction Related <input type="checkbox"/> Professional Services <input type="checkbox"/> Goods & Supplies <input type="checkbox"/> Other Services</p>	

***** Please open the Vendor Registration Form using Internet Explorer or download the form as a PDF*****



Goods and/or services provided by your company

List all applicable Commodity Codes pertaining to the goods and/or services provided by your company on the lines below. ***** At least one code is required to complete the registration *****
 Please refer to the City's Master List of Commodity Codes at the link below for assistance determining codes:

<http://charlottenc.gov/DoingBusiness/Pages/Vendors.aspx>

Charlotte Business INclusion

The Charlotte Business INclusion program is designed to promote diversity, inclusion, and local business opportunities in the City's contracting and procurement process for businesses headquartered in the Charlotte Combined Statistical Area (CSA)*. If you are interested in learning about how to participate in the program as a Minority/Woman/ or Small Business Enterprise (MWSBE), please call 704-336-4137 or email the address below:

charlottebusinessinclusion@charlottenc.gov

*The Charlotte CSA includes the following counties within the state of North Carolina: Anson, Cabarrus, Gaston, Lincoln, Mecklenburg, Rowan, Union, Cleveland, Iredell, Stanly; and the following counties in South Carolina: York, Chester and Lancaster. For more information on the Charlotte Business INclusion program, go to the link listed below:

<http://charlottebusinessinclusion.com>

Certifications

On behalf of the applicant business, the undersigned attests that they currently hold the currently active certifications, as checked below. Please provide a copy of any supporting documentation with this form.

ACDBE DBE MBE SBE WBE

Foreign Vendors: Sign below and email pages 1 & 2 of form with a current [W-8BEN-E](#) to vendoradmin@charlottenc.gov (preferred), fax to 704-632-8473 or send via postal mail to:

City of Charlotte
 c/o Vendor Administration
 General Services- City Procurement
 600 E. 4th Street; 9th Floor
 Charlotte, NC 28202-2850

Signature

Printed Name

Date

US Vendors: Complete Substitute W9 on the next page. Sign at the bottom and email all 3 pages to email all 3 pages to vendoradmin@charlottenc.gov (preferred), fax to 704-632-8473 or send via postal mail to:

City of Charlotte
 c/o Vendor Administration
 General Services - City Procurement
 600 E. 4th Street; 9th Floor
 Charlotte, NC 28202-2850

Please note, to ensure privacy, Vendor Registration Forms containing a Social Security # must not be emailed.



CHARLOTTE.

Taxpayer Identification Number

The City requires a taxpayer identification number in order to register. It may be either an employer identification number (EIN) issued by the IRS, or your social security number. If you receive payment from the City, your tax ID number will be reported to the Internal Revenue Service for federal tax withholding purposes. Failure to provide a tax ID number may result in: (a) federal tax backup withholding; (b) withholding of payment by the City; and / or (c) disqualification from participating in City contracts. For information on obtaining an EIN, go to the link listed below.

[http://www.irs.gov/Businesses/Small-Businesses-&-Self-Employed/Apply-for-an-Employer-Identification-Number-\(EIN\)-Online](http://www.irs.gov/Businesses/Small-Businesses-&-Self-Employed/Apply-for-an-Employer-Identification-Number-(EIN)-Online)

Substitute W9

Tax Status (only one section should be completed)

US Individuals: (Form 1099 reportable) (Individuals are *not* a "doing business as", a company name, or alternative)

Individual Name (as shown on your tax return): _____

Individual Social Security #: **(DO NOT EMAIL FORM)** _____

Business or Trade Name (if applicable): _____

US Sole Proprietor: (Form 1099 reportable) (A sole proprietorship may have a "doing business as" trade name, but the legal name is the business owner). If you supplied your personal SSN as the Tax ID, you must provide your name as it is issued with your SSN. If you provided an EIN provided to you by the IRS for your business, you must provide the legal business name registered for EIN.

Business Owner's Name (as shown on your tax return): _____

Business or Trade Name: _____

Business Owner's Social Security #: **(DO NOT EMAIL FORM)** _____

Business EIN: _____

US Partnership, Limited Liability Partnership, Limited Liability Company or Trust, etc.: (Form 1099 reportable) (Non-corporations)

Name of Partnership/Company Name (as shown on your tax return): _____

Partnership's/Company's EIN: _____

Business or Trade Name (if applicable): _____

US Corporation (must be a "C" or "S" corporation only), Exempt organization, or Federal, State or Local Government Agency:

Name of Corporation or Entity (as shown on your tax return): _____

Corporation's EIN: _____

Business or Trade Name (if applicable): _____

Required: Check the correct status below. **If a status is not selected, a 1099 will be issued regardless of status.**

- Corporation: Not medical, healthcare or legal service provider
- Corporation: Medical, healthcare or legal services (all 1099 reportable)
- Tax exempt organization under 501 or IRA
- The United States or any of its agencies or instrumentalities (federal government)
- A state, the District of Columbia, a possession of the United States, or any of their political subdivisions
- A foreign government or any of its political subdivisions located in the U.S. or U.S. Territories

Certification

Under penalties of perjury, I certify that (1) the number shown above is my correct taxpayer identification number; (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 IRS that I am subject to backup withholding; (3) I am a U.S. person (including a U.S. Resident Alien); and (4) the information provided is complete and accurate as of this date.

Signature

Printed Name

Date