



Vendor Application
 232 Matthews Station Street
 Matthews, NC 28105
 (704) 847-4411 Fax (704) 845-1964
 accountspayable@matthewsnc.com

Corporate Name _____

Date _____

DBA (Doing Business As) _____

Federal ID or SSN _____

Check one of the following: Corporation Sole Proprietorship Partnership Other _____

Remit Address			Contact Information	
Street Address or PO Box			Contact Name	
City	State	Zip Code	Phone Number	Fax Number
County			Email Address	Web Address

Terms: Upon Receipt Net 10 Net 20 Net 15 Net 30 Other _____

Our company participates in E-Verify

Please check the appropriate box if your business is one of the following:

Disabled Minority Business Enterprise Women Business Enterprise

Please list the type of product(s) and/or service(s) your company can provide:

Signature _____

Title _____

Date _____

IRS FormW-9 must accompany the vendor application. Payments will not be processed without both documents.

Dear Town of Matthews Vendor:

Below are the guidelines for invoicing and receiving payments from the Town of Matthews. Following these guidelines will ensure vendor payments are processed in a timely and efficient manner.

1. There are two options for submitting invoices to the Town. With either option you choose, please send one copy only of each invoice.
 - a. Option 1 – email your invoices to accountspayable@matthewsnc.com. If you choose this option, **do not** mail invoices. (Address to be formatted the same as option 2, even if emailing.)
 - b. Option 2 – mail your invoices:
Town of Matthews
Attn: Accounts Payable
232 Matthews Station Street
Matthews, NC 28105

2. If your invoice includes a SHIP TO address, please continue to use the actual address where goods or services are delivered. **For example**, your invoice may appear as shown below:

Billing Address

Town of Matthews
Attn: Accounts Payable
232 Matthews Station Street
Matthews, NC 28105

Ship to

Matthews Police Department
1201 Crews Road
Matthews, NC 28105

3. The Town of Matthews **is not exempt** from sales tax. Please include all applicable State and County sales taxes on your invoices. Taxes must be on a separate line(s) on the invoice and not combined with the cost of goods or shipping/freight costs.
4. The Town offers electronic funds transfers (EFT) for payment of invoices. To obtain the EFT Authorization form, please visit the Forms/Documents page on our website www.matthewsnc.gov or the Finance page. We encourage all vendors to take advantage of this secure, efficient method of payment. The form is included in this packet for your convenience.
5. Before payments can be processed, all vendors **must** complete a **Town of Matthews Vendor Application** and a form **W-9** to ensure IRS compliance. The form W-9 is included in this packet or may be obtained at www.irs.gov.

The Town of Matthews makes every effort to pay vendors on time. With your assistance, we are confident that these guidelines will benefit us both. If you have questions, please contact Brian Lee at (704) 708-1223.

Thank you.

Christopher Tucker
Finance Director
Town of Matthews Finance Department

To: Town of Matthews Vendors

Subject: Automated Payments Implementation

The Town of Matthews is pleased to announce the implementation of automated invoice payments using Electronic Funds Transfers (EFTs). As a vendor, you have the option of receiving your invoice payments through ACH (Automated Clearing House). Using ACH, our payments will be deposited directly into an account specified by you. We trust you will find this process beneficial, secure and efficient for payment receipt of all invoices.

The necessary form requesting information needed to facilitate this process is attached. Once the completed form has been received, our vendor files will be updated with the information provided. As payments are processed, an email will be sent notifying you of the pending deposit and the date funds will be available at your financial institution. The email will contain the same information you currently receive on our paper checks. **Please note the *importance* of providing a valid email address for an individual who will be responsible for ensuring the information and payment received are applied to our account properly.**

Attached you will also find IRS Form W-9. To ensure our records are IRS compliant, this form **must** be completed and returned regardless of your decision to participate in automatic payments. Please update your records to reflect the **billing address** for all Town accounts. All invoices should be addressed and mailed to:

Town of Matthews
Attention: Accounts Payable
232 Matthews Station Street
Matthews, NC 28105

The above address change does not affect the shipping address you have on file. Failure to make the requested changes may result in delayed payments.

Thank you for taking a moment to complete the attached forms. Please mail completed forms to the address listed above. Automatic payments will begin within 30 days of receipt of the completed forms. *We hope you will take advantage of this convenient and efficient form of invoice payment.* **If for any reason you do not receive payment, wish to cancel your enrollment, or need to change banking or email information, you MUST notify our office immediately to prevent delay in payments.**

Our staff is available to assist you. Please contact us at (704) 847-4411 or visit our office at 232 Matthews Station Street. Thank you for your time, and we look forward to your participation in the automatic payment system.

Regards,

Christopher Tucker
Finance Director
accountspayable@matthewsnc.com
(704) 847-4477 Fax (704) 845-1964



232 Matthews Station Street
Matthews, NC 28105
704.847.4411
Fax 704.845.1964

The Town of Matthews can provide payment (ACH) to you/your company through electronic funds transfer. Please complete the information below if you wish to begin taking advantage of this service. A remittance advice with payment information will be emailed to the address provided below. Please complete this form in its entirety and return to the Finance Department at your earliest convenience.

Company/Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Contact: _____ **Telephone:** _____ **Fax:** _____

Name of Bank: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Contact: _____ **Telephone:** _____ **Fax:** _____

Routing Number (ABA#): _____ **Account Number:** _____

Federal Tax I.D.: _____ **Account Type:** **Checking** **Savings**

Email Address for Delivery of Payment Advice: _____

As an authorized representative of the company named above, I authorize the Town of Matthews to deposit all payments due to us electronically to the banking institution listed above and correct any errors that may occur.

Authorized Representative Signature

Date

Print Name

Title

It is the responsibility of your organization to notify the Finance Department immediately if funds are not received, banking information needs to be changed or if you wish to discontinue receiving payments via electronic funds transfer.

Please return completed form to:

Town of Matthews
Attn: Accounts Payable
232 Matthews Station Street
Matthews, NC 28105

OR

Email Form To:
Brian Lee
Finance Technician
brlee@matthewsnc.gov

Confidentiality Notice: All information regarding banking information furnished on this form shall be kept in strict confidence by the office of the Finance Director, its officials and employees.

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number										
or										
Employer identification number										

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
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 (IRS) 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; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Internal Revenue Service and NC Department of Revenue 1099 Status

The purpose of this form is to ensure the correct tax status is designated to your business or organization. Please answer the following question below.

Should you or your business be receiving a 1099 form issued by the Town of Matthews?

Yes, the tax status of my business requires we file a 1099 form. Please issue a 1099 when applicable.

No, the tax status of my business does not require a 1099 form. Do not issue.

SS # or Federal Tax ID #

Date

Signature