



**Town of Nags Head**

PO Box 99  
Nags Head, NC 27959  
252-441-5508  
Fax 252-441-4680  
www.nagsheadnc.gov

OFFICAL USE ONLY	
Date Received	_____
Date Entered	_____
Entered By	_____
Vendor Number	_____
<input type="checkbox"/> 1099 Vender	
<input type="checkbox"/> W-9 Sent	
<input type="checkbox"/> W-9 Received	

**VENDOR INFORMATION FORM**

Business Name: \_\_\_\_\_  
DBA: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

✓CHECK ONE OF THE FOLLOWING:

Individual  Partnership  Corporation  Other \_\_\_\_\_  
Federal ID #: \_\_\_\_\_ OR SSN# \_\_\_\_\_

Purchase Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Remit Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_

Contact: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_

**The Town of Nags Head is required by law to pay NC State and Local Sales and Use Tax. NC sales tax should be charged to the county where delivery takes place. We are located in Dare County, and the current tax rate is 6.75%.**

Please complete a W-9 form to accompany this form. A current W-9 form can be obtained from [www.irs.gov](http://www.irs.gov). **NO PAYMENTS WILL BE ISSUED WITHOUT A W-9 ON FILE.**

I certify the information on this form is correct. I have read and will comply with the terms and conditions on the next page.

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



THE VENDOR FORMS MUST BE COMPLETED AND RETURNED TO ACCOUNTS PAYABLE PRIOR TO ORDERING, SHIPPING, AND PERFORMING SERVICES.

- All orders should be invoiced and remitted to:  
Town of Nags Head  
Attn: Accounts Payable  
PO Box 99  
Nags Head, NC 27959.

We accept invoices via mail, fax or email ([accounts.payable@nagsheadnc.gov](mailto:accounts.payable@nagsheadnc.gov))

- The Accounts Payable contact:  
Tel: 252-449-6057 or email [accounts.payable@nagsheadnc.gov](mailto:accounts.payable@nagsheadnc.gov)
- The Town of Nags Head requires a Purchase Order (PO) for orders of \$500.00 or more.
- All invoices should contain company name, address, telephone numbers, fax numbers, and an itemized list of the order. If items are not broken down by type (i.e. materials, labor, freight, surcharges, taxes, etc.), the invoice will not be processed for payment. Your company will be responsible for contacting us regarding payment. If a contracted price is agreed upon, the items should be broken down as well.
- We will gladly accept handwritten invoices as long as all invoices are legible and contain a company heading. If invoices are illegible, we will ask your company to provide a legible copy before the payment can be processed.
- Partial deliveries must be indicated on the invoice.
- The Town of Nags Head pays North Carolina Sales and Use Tax. These taxes, when applicable, should be included on your invoice on a separate line from other goods and services. All NC sales tax should be charged to the county where delivery takes place. We are located in Dare County, and our current tax rate is 6.75%.
- The Town of Nags Head's payment terms are NET 30 DAYS from the date of invoice. Payment for goods or services cannot be made from statements or packing lists.
- If purchasing contracts are necessary, please contact the appropriate Department Director or Superintendent for these contract negotiations. Please note that the Town Manager has the final approval on all contracts.



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**AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFERS**

*Yes, our business wants to participate in Electronic Funds Transfers into our bank account for invoices processed by the Town of Nags Head. We understand that we can terminate the EFT agreement simply by giving written notice.*

Business Name \_\_\_\_\_  
Name of Bank \_\_\_\_\_  
Bank Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Bank Transit/ ABA Number/ 9 Digit Routing Number \_\_\_\_\_  
Name on Account \_\_\_\_\_  
Phone Number \_\_\_\_\_

CHECK ONE

Deposit Funds into Checking Account

Account Number \_\_\_\_\_

Deposit Funds into Savings Account

Account Number \_\_\_\_\_

***Please provide an email address for an EFT advice to be sent to.***

Email: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (Printed) \_\_\_\_\_ Title \_\_\_\_\_

*I authorize funds to be deposited and withdrawn/adjustments made to the above business account. This authority is to remain in force and effect until the Town of Nags Head has received written notification from the above business of termination in such time and manner as to offer the Town a reasonable opportunity to act. Please complete all requested bank information including the bank's mailing address and phone number. Please allow thirty days following the date of application for EFT process to be completely set up.*



**Sales and Use Tax Reporting Affidavit**

For more information, please see Sales & Use Tax Bulletin 31-1. The affidavit is mentioned in Part B of the bulletin.

Contractor: \_\_\_\_\_

Subcontractor: \_\_\_\_\_

Project Title: \_\_\_\_\_ Refers to your Invoice # \_\_\_\_\_

Date Submitted with Invoice: \_\_\_\_\_ Purchase Order #: \_\_\_\_\_

*This form is for reporting to the State of North Carolina, by the Town of Nags Head for: purchases of materials or equipment which became a part of a building or project for the Town of Nags Head, by Contractors.*

Date	Vendor Name	Vendor's Invoice #	Invoice Amount	State Tax	County Tax	Total Tax	County of Sale
<b>TOTAL:</b>							

*Please attach a copy of your vendor's invoice showing sales tax paid. Thank you.*

*I, \_\_\_\_\_, certify that I have paid NC Sales & Use Tax on products listed above that were sold to Town of Nags Head.*

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