

144 North Second Street, Albemarle NC 28001
PO Box 190
Albemarle, NC 28002-0190



Return to:
Finance Department Purchasing
COA-PurchaseOrders@albemarlenc.gov
(704) 984-9444

Provide a copy of your current W-9 & complete the information below:

Name of Individual/Company/Corporation: _____ DBA: _____

SSN # or Federal ID #: _____ DUNS #: _____ Contractor License #: _____

Address: _____ County: _____

Mailing or Email Address for Purchase Orders: _____

Telephone Number: _____ Fax: _____ Website: _____

Contacts:

PO Contact Name: _____ Email: _____ Phone: _____

Sales Contact Name: _____ Email: _____ Phone: _____

A/R Contact Name: _____ Email: _____ Phone: _____

Payment Terms: _____ Discount Terms: _____

Which City Department(s) will you be invoicing? _____

Signature: _____ **Title:** _____ **Date:** _____

To qualify as a Minority provider, at least **51%** of your company must be owned, operated, and managed by one or more individuals who falls within the checked category. If your company has been certified as such by the NC Department Administration, Historically Underutilized Business Office, Raleigh NC, please attach a copy of your Certificate.

Ethnic Category (Please check one):

American Indian Asian American Black, African American Disabled Female Hispanic Socially Disadvantaged Economically Disadvantaged

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

Vendor Authorization for ACH/ Electronic Funds Transfer

We strongly encourage vendors to enroll in ACH for faster, more secure payments and to avoid delays with mailed checks.

Payment Method: ACH Mail Check

Please Check One: Initial Enrollment Change

Email for ACH/EFT remittance notification (Required): _____

Name of Bank: _____ Account Type: Checking Savings

ABA Routing Number: _____ Account Number: _____

By signing below, I hereby authorize the City of Albemarle to electronically deposit funds into the account listed above. I understand if my banking information changes and the City of Albemarle is not made aware of the change, payment could be delayed.

Signature: _____ **Title:** _____ **Date:** _____

Office Use Only:

Date Received: _____ /Method: Mail Email Fax /Received By: Purchasing Coordinator AP

Verified by: _____ Date: _____ Time: _____ Talked with: _____ Title: _____

Telephone #: _____ Vendor # _____ Bank Code _____ Date _____ Initials _____