

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 \_\_\_\_\_