

CITY OF ROXBORO - NEW VENDOR INFORMATION FORM

Please complete all appropriate spaces. Print legibly in ink of type. Return this completed form to: City of Roxboro, PO Box 128, Roxboro, NC 27573, Attn: Purchasing.

Company or Your Name: _____

Last: _____ First: _____ Middle: _____

Type of Organization: Corporation Partnership Individual Other: _____

Federal Tax ID # _____ or Social Security # _____

The City of Roxboro is required to pay all North Carolina State and local sales tax. Please state whether you are set up to charge these taxes on your invoices. yes no

Invoice Payment Terms: The City of Roxboro payment terms are **Net 30 Days** from the date of receipt of invoice, unless any available discounts are indicated on the invoice. Deliveries need to be shipped FOB or freight charges be prepaid and added to the invoice. Original invoices must be mailed to the City of Roxboro, PO Box 128, Roxboro, NC 27573, Attn: Accounts Payable. **Do not send original invoices to departments or give to City employees.**

If you operate a business within the city limits of Roxboro, you are required to have a City of Roxboro Business Privilege License. Do you have this license? yes no

Business Remittance Address (to receive checks):

City: _____ State: _____ Zip Code: _____

Phone # _____ Fax # _____

Your Contact Person: _____ Title: _____

Are you incorporated? yes no Email Address: _____

Toll Free # _____ Cell # _____

Please attach a list of additional addresses if needed by the City of Roxboro.

Commodities: Please use the space below to describe the commodities you sell or the services you wish to provide to the City of Roxboro. Feel free to also attach line cards or other information to this form.

I certify that the information on this form is correct: _____
(print name)

Minority and Women Business Enterprise (MWBE) – To qualify for MWBE vendor status, 51% of the company must be owned and controlled by a minority or a woman. Are you certified as a MWBE business? yes no
By what organization? _____

Please check the following that apply: African American Hispanic
 Asian American Indian Women