**Vendor Information Form**

***Instructions***

Please complete the following information pertaining to your company and email completed form to [accountspayable@guc.com](mailto:accountspayable@guc.com), or mail to Greenville Utilities Commission, PO Box 1847, Greenville, NC 27835-1847, Attn: Accounts Payable. ***Please include a current IRS Form W-9.*** If you have any questions, contact Caitlyn McLawhorn at (252) 329-2171.

**Company Name:** Click or tap here to enter text.

**Street Address:** Click or tap here to enter text. **Telephone:** Click or tap here to enter text.

**City, State, Zip Code:** Click or tap here to enter text.**Fax:** Click or tap here to enter text.

**County:** Click or tap here to enter text.

**Federal Tax ID or SSN for Individuals:** Click or tap here to enter text.

**Incorporated  Partnership  Proprietorship  Other** Click or tap here to enter text.

***Order Address and Contact***

**Same as W-9 Address  Same as Above Address**

**Street Address:** Click or tap here to enter text. **Telephone:** Click or tap here to enter text.

**City, State, Zip Code:** Click or tap here to enter text. **Fax:** Click or tap here to enter text.

**County:** Click or tap here to enter text. **Sales Contact:** Click or tap here to enter text.

**Order Email :** Click or tap here to enter text.

***Remit Address and Contact***

**Same as W-9 Address  Same as Order Address**

**Street Address:** Click or tap here to enter text. **Telephone:** Click or tap here to enter text.

**City, State, Zip Code:** Click or tap here to enter text. **Fax:** Click or tap here to enter text.

**County:** Click or tap here to enter text. **AR Contact:** Click or tap here to enter text.

**AR Email :** Click or tap here to enter text.

**Preferred Payment Method** Check ACH

***If ACH payment requested complete the below and provide either a voided check or document confirming below account information on your bank’s letterhead:***

I hereby authorize GREENVILLE UTILITIES COMMISSION hereinafter called COMPANY, to initiate credit entries or such adjusting entries, either debit or credit which are necessary for corrections, to my Checking account indicated below and the depository named below, hereinafter called Depository, to credit (or debit) the same to such account.

**Depository Bank Name**:Click or tap here to enter text.

**Account Number:**Click or tap here to enter text. **Bank Routing Number:** Click or tap here to enter text.

**Remittance Email:** Click or tap here to enter text.

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY a reasonable opportunity to act on it.

**Authorized:** Click or tap here to enter text. **Title:** Click or tap here to enter text. **Date:** Click or tap here to enter text.

**Check the box below to indicate the ownership status (refer to page 3) (must be completed before a vendor can be set-up)**

Choose an item.

**Indicate the certifying agency (attach copy of current certification letter, if applicable)**

Choose an item.

**Please list product(s) with which you would like your company to be identified:**

Click or tap here to enter text.

**Greenville Utilities Commission Employee that contacted your company:** Click or tap here to enter text.

**Letter of Compliance to E-Verify for Greenville Utilities Commission**

1. I have submitted a bid for contract or desire to enter into a contract with the Greenville Utilities Commission
2. As part of my duties and responsibilities pursuant to said bid and/or contract, I affirm that I am aware of and in compliance with the requirements of E-Verify, Article 2 of Chapter 64 of the North Carolina General Statutes, to include (mark which applies):

After hiring an employee to work in the United States I verify the work authorization of said employee through E-Verify and retain the record of the verification of work authorization while the employee is employed and for one year thereafter; or

I employ less than twenty-five (25) employees in the State of North Carolina.

1. As part of my duties and responsibilities pursuant to said bid and/or contract, I affirm that to the best of my knowledge and subcontractors employed as a part of this bid and/or contract, are in compliance with the requirements of E-Verify, Article 2 of Chapter 64 of the North Carolina General Statutes, to include (mark which applies):

After hiring an employee to work in the United States I verify the work authorization of said employee through E-Verify and retain the record of the verification of work authorization while the employee is employed and for one year thereafter; or

I employ less than twenty-five (25) employees in the State of North Carolina.

Specify subcontractor: Click or tap here to enter text.

Click or tap here to enter text. (Company Name)

By: Click or tap here to enter text. (Typed Name)

Click or tap here to enter text. (Authorized Signatory)

Click or tap here to enter text. (Title)

Click or tap here to enter text. (Date)

Text

Description automatically generated with medium confidence