



Kernersville Finance Office

VENDOR REGISTRATION FORM

Accounts Payable
Town of Kernersville
P.O. Box 728, Kernersville, NC 27285
Phone: 336-992-0604
FAX: 336-996-5871

TOWN OF KERNERSVILLE USE ONLY

NAME:

DBA:

VENDOR NO.

SUBSTITUTE FORM W-9

PLEASE PRINT OR TYPE

Name: INDIVIDUAL AND SOLE PROPRIETOR SHOULD ENTER AS SHOWN ON YOUR SOCIAL SECURITY CARD, CORPORATION OR PARTNERSHIP SHOULD ENTER YOUR BUSINESS NAME AS SHOWN ON REQUIRED FEDERAL TAX DOCUMENTS.

Proprietor name (if applicable)

Circle one:
Individual/Sole Proprietor
Corporation
Partnership
Other (specify):

Name: _____

Mailing Address: _____

Doing Business As/

Trade Name: _____

Contact Person: _____ Title: _____

Phone: _____ Fax: _____ E-Mail: _____

NC Sales & Use Account Number (if you have a NC nexus): _____

Payments to your company are for: (Please circle as many as apply)

Rent Medical & Health Care Services Product Services Other (Please specify) _____

COMPLETE THIS SECTION IF YOUR REMIT TO IS DIFFERENT THAN YOUR MAILING ADDRESS.

REMIT TO ADDRESS: _____

Tax Payer Identification Number (TIN): *The Internal Revenue Service Requires that we keep your TIN on file. If you fail to provide this information, we are required to withhold 28% of all payments.*

Exempt from Backup Withholding: yes no (check one)

I am a U.S. person (including a U.S. resident alien): yes no (check one)

Enter your TIN in the appropriate box.

Individual/Sole Proprietor, Partnership: -- Social Security Number

If partnership or proprietor uses SSN, specify name on Social Security Card: _____

Proprietor, Partnership, Corporation, Other: - Employer Identification Number
(circle one)

Certification

I certify that the number shown on this form is my correct taxpayer identification number and that all other information is accurate.

Signature: _____ Title: _____ Date: _____