



# Vendor Application

Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Webpage: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Business Type:

- Sole Proprietor
- Partnership
- Corporation: State
- Minority Business

How long in business? \_\_\_\_\_

Type of business: \_\_\_\_\_

### Invoicing Requirements

**\*\*Invoices with the correct information will be paid within 30 days\*\***

**All invoices must be mailed to:** Town of Leland  
Accounts Payable  
102 Town Hall Drive, Leland, NC 28451

All invoices must have the following information clearly printed:

1. Purchase Order Number
2. Item(s) purchased or services rendered
3. Person authorizing purchase or service

### Person to Contact Regarding Invoices

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**All required documentation must be received and approved by the Finance Department prior to any purchase or obligation. Completion of this application does not obligate the Town in any manner.**

- Vendor Application
- Certificate of Liability Insurance
- W-9
- Independent Contractor vs. Employee Checklist

I hereby certify the above information to be true and understand the procurement and payment policy of the Town.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Authorized Agent Signature Title Date