Town of Leland
Growing our future. Nourishing our roots.

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 ☐ W-9 ☐ Independent Contractor vs. Employee Checklist*

☐ Certificate of Liability Insurance – The certificate must name the Town as additional insured.

****The checklist must be completed if a certificate of liability insurance is not provided.****

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

_____/_____/_____

Authorized Agent Signature Title Date