

VENDOR REGISTRATION

In order to receive payment from the City of Canton, Georgia a vendor must register with the City. Documents required as a part of the registration process include:

- Signed Vendor Registration Acknowledgement (this page)
- Vendor Information Form
- Signed Vendor Liability Agreement (attach appropriate proof of insurance)
- Signed Vendor Conflict of Interest Certification
- IRS form W-9
- Contractor Affidavit (if necessary)
- Copy of business license

Invoices for payment will not be processed until the aforementioned documents are received at the address below:

City of Canton Attn: Accounts Payable 110 Academy Street Canton, GA 30114 Phone: 770-704-1542 Email: finance@cantonga.gov

All the information obtained via the vendor registration process will remain confidential and will only be disclosed to third parties as required by audits or if subpoended by a government agency or court of the competent jurisdiction.

Periodic updates to this information will be requested by the Accounts Payable Department of the City of Canton, and failure to respond to such requests may delay payment of future invoices.

Note: The standard payment term for the City of Canton is net 30 days.

Acknowledgement

I hereby acknowledge that I have read and understand the vendor registration requirements of the City of Canton, and I affirm that the information provided in the succeeding documents is true and accurate to the best of my knowledge. Should the facts and circumstances included within those documents change, the City of Canton, Georgia will be notified at the above address as soon as possible.

Signature:	Date:
Printed Name and Title:	
Print Company Name:	
City of Canton Office Use Only:	
Completed package received:	Date:
Reviewed and Entered:	_ Date:

Phone: 770.704.1500 | Fax: 770.704.1538 | 110 Academy Street | Canton, Georgia 30114



VENDOR REGISTRATION

Full Legal Name of Firm:						
DBA (if applicable):						
Address:						
City/State/Zip Code:						
Remittance Address (if differen						
Federal Tax ID Number (EIN) o	r Social Security N	Number*:				
E-Verify Employer ID #: (Company Numerical ID Num	per **4-6 numeric	al digits only**)				
Contact Name and Title:						
Telephone Number:	Fax 1	Number:				
E-mail:						
Organization Type (Please circ	le one):					
Individual	Domestic	Domestic Corporation (LLC/LLP/INC)				
Sole Proprietorship	Partnershi	ip				
Government Agency	Other (Ple	Other (Please specify):				
If an individual, are you a U.S.	Citizen?	Yes No				
If no, are you a resident alien?		Yes No				
If no, are you a nonres	dent alien? Ye	es No				
*This is required by the Internal R without this information	evenue Service for	or reporting purposes. Payments cannot be process	əd			
**Federal law requires all employ	ers to verify the ide	entity and employment eligibility of all persons hired	to			

work in the United States. Phone: 770.704.1500 | Fax: 770.704.1538 | 110 Academy Street | Canton, Georgia 30114

cantonga.gov



VENDOR LIABILITY AGREEMENT

On behalf of __("Vendor"), I acknowledge and agree to the following:

- 1. Vendor is responsible for providing Workers' Compensation Insurance when required by law for any employees, representatives, invitees, helpers or workers hired by Vendor. A Certificate of Insurance showing proof of such coverage must be given to the City of Canton prior to commencement of any services.
- 2. Vendor agrees to provide Commercial General Liability Insurance in the amount of at least \$1,000,000 combined single limit (\$2,000,000 aggregate) for bodily injury and property damage and name the City of Canton as additional insured. Such insurance shall be primary and noncontributing with any other insurance in effect for the City of Canton, Georgia. A Certificate of Insurance and Additional Insured endorsement must be given to the City of Canton prior to the commencement of any services.
- 3. Vendor agrees to indemnify and hold harmless the City of Canton, Georgia, its elected officials, managers, directors, employees, volunteers and representatives from all liability, loss or damage which may arise from Vendor's negligent services or actions and from the use of the City of Canton, Georgia premises by Vendor, its employees, representatives or invitees.
- 4. Should it be discovered that the vendor has provided false or invalid insurance coverage documentation, the City of Canton, Georgia may withhold payments it deems necessary to pay for costs associated with engaging the vendor (including but not limited to workers' compensation coverage, etc.), if any.

Signed by:	_ Date:
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Printed Name and Title:



VENDOR CONFLICT OF INTEREST CERTIFICATION

The City of Canton, Georgia seeks to avoid business relationships which might conflict, or appear to conflict, with the best interests of the City. The purpose of this form is to identify such potential relationships with vendors.

Note that responses in the affirmative to the questions below do not automatically preclude a vendor from doing business with the City. Evaluations of the responses will be made by the appropriate City personnel on a case-by-case basis. Steps to mitigate the conflict or perceived conflict may be required by the vendor and/or City personnel as appropriate.

1. Does any current or former employee of the City of Canton, Georgia hold a financial interest of greater than 5% in your organization?

Yes No Unsure

2. Does any immediate family member of a current or former employee of the City of Canton, Georgia hold a financial interest of greater than 5% in your organization?

Yes No Unsure

3. Has this organization or any of its principals been debarred, suspended or otherwise excluded by a duly authorized regulatory agency or had a transaction with any such agency terminated for any reason?

Yes No Unsure

If your response to any of the questions above is yes or unsure, please attach a separate sheet describing the situation.

CERTIFICATION

I do hereby certify that all responses herein are true and correct to the best of my knowledge. I understand that the City of Canton, Georgia reserves the right to modify or terminate immediately any vendor or employee relationship (as appropriate) should it be discovered that the information provided herein was known to be false at the time of this certification.

Signature:			Da	ite:	_			
Printed Name and Title	:							
Phone: 770.704.1500		Fax: 770.704.1538		110 Academy Street		Canton, Georgia 30114		
cantonga.gov								