



Onslow Water & Sewer Authority

Finance Office
228 Georgetown Road
Jacksonville, NC 28540

Fax (910) 455-2504

Name (as reported on your income tax return) _____

Business Name _____ Vendor# _____ (to be assigned)

Federal ID# _____ or SS# _____

Check one of the following:

Corporation Sole Proprietorship Partnership Other _____

Order Address

Payment Address

Street _____

Street _____

PO Box _____

PO Box _____

City _____

City _____

State _____

State _____

Zip Code _____

Zip Code _____

Contact Person _____

Contact Person _____

Phone Number _____

Phone Number _____

Fax Number _____

Fax Number _____

Terms _____

Discount _____

E-Mail Address _____

Are you related to or have a professional relationship with any ONWASA employee? Yes No
(If you answered yes, a Relationship Vendor form will have to be completed before any payments can be made.)

Are you a minority business enterprise? Yes No

If you answered yes, please check the appropriate box:

- African-American Hispanic
- American Indian Female
- Asian American
- Socially and economically disadvantaged as defined in 15 U.S.C. 637

Product(s) and/or Service(s)

Please list the type of product(s) and/or service(s) that your company can provide:

Signature: _____

Title: _____

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Relationship Vendor Form

If you are related to or have a professional relationship with any employee of Onslow Water and Sewer Authority, this form must be completed and returned to the finance office before any payments will be made.

Vendor Information:

Name: _____

Address: _____

Related ONWASA employee: _____

Relationship to employee: _____

We agree that our relationship will not hinder or corrupt our professional relationship with Onslow Water & Sewer Authority.

Vendor Signature

Date

ONWASA Employee Signature

Date

Onslow Water and Sewer Authority is aware and understands these parties have a relationship with each other. The decision to authorize the use of this vendor was not influenced in any manner by the relationship referenced above.

Department Head

Date

Finance Officer

Date

E-VERIFY AFFIDAVIT

I, _____ (the individual attesting below), being duly authorized by and on behalf of _____ (the entity identified as the "Employer") after first being duly sworn

hereby swears or affirms as follows:

- 1. Employer understands that E-Verify is the federal E-Verify program operated by the United States Department of Homeland Security and other federal agencies, or any successor or equivalent program used to verify the work authorization of newly hired employees pursuant to federal law in accordance with NCGS §64-25(5).
- 2. Employer understands that Employers Must Use E-Verify. Each employer, after hiring an employee to work in the United States, shall verify the work authorization of the employee through E-Verify in accordance with NCGS§64-26(a).
- 3. Employer is a person, business entity, or other organization that transacts business in this State and that employs 25 or more employees in this State.

Employer employs the following number of employees in this State (check which is applicable):

- a. Less than 25 _____
- b. Between 25 and 100 _____
- c. Between 100 and 500 _____
- d. 500 or more _____

4. Employer will ensure compliance with E-Verify by any subcontractors subsequently hired by Employer for specified contracts subject to E-Verify entered into with the Onslow Water & Sewer Authority Employer.
This _____ day of _____, _____.

Signature of Affiant

Print or Type Name: _____

State of _____ County of _____

Signed and sworn to (or affirmed) before me, this the _____ day of _____, 20____.

My Commission Expires:

Notary Public

(Affix Official/Notarial Seal)