

THE CITY OF SANDY SPRINGS

VENDOR INFORMATION FORM

NOTE: A COMPLETED W-9 MUST ACCOMPANY THIS FORM AND E-VERIFY INFORMATION

VENDOR NAME: _____ DATE: _____
DbA (If applicable) _____ FEDERAL TAX ID #: _____
ADDRESS: _____ SOCIAL SECURITY #: _____

REMIT-TO-ADDRESS: _____

CONTACT NAME: _____ TITLE: _____
EMAIL ADDRESS: _____ FAX #: _____
VENDOR TERMS: _____ **30 NET** _____ TELEPHONE: _____

E-VERIFY INFORMATION

SELECT WHAT BEST DESCRIBES YOUR COMPANY- (SIGNATURE REQUIRED)

VENDOR/CONTRACTOR PROVIDES:

(A) GOODS ONLY

(B) SERVICE ONLY

(C) GOODS & SERVICE

IF (B) OR (C) - DOES VENDOR/CONTRACTOR EMPLOY MORE THAN (10) TEN EMPLOYEES? YES NO (SELECT ONE)

IF YES- COMPLETE INFORMATION BELOW
IF NO- PRINT NAME, TITLE & SIGN BELOW

E-VERIFY NUMBER

PRINT NAME AND TITLE

DATE OF AUTHORIZATION

SIGNATURE OF AUTHORIZED AGENT

INTERNAL USE ONLY

REQUESTOR'S NAME _____
DEPARTMENT _____
VENDOR # ASSIGNED _____
1099 VENDOR YES OR NO (CIRCLE ONE)
W-9 ATTACHED YES OR NO (CIRCLE ONE)

TELEPHONE # _____
CREATED BY _____
APPROVED BY _____