

New Vendor Request Form

Vendor Name: _____
Vendor Address: _____

Remittance Address: _____
(if different from above) _____

Contact Information:
Name _____
Phone Number _____
Fax Number _____
Email address _____
Website _____

What type of items or service will this vendor be supplying?
(see vendor categories list)

All Vendors Shall Complete and Submit A W-9 Form.
Please verify that the W-9 is completed. The Social Security Number (SSN) or the Employer Identification Number (EIN) should be listed. Both of these numbers should not be listed. The number that the vendor uses to file a tax return should be listed. The W-9 should be signed and dated.

SUBMITTED BY: _____
(please print)

TITLE: _____

Please submit form to:
Purchasing Department
ATTN: Michelle Newland
Address: 601 North Laurel Street
Springfield, GA. 31329
Fax: (912) 754-8413
E-mail: mnewland@effinghamcounty.org