**VENDOR INFORMATION FORM**

(Please print or type)

DATE: BUSINESS LICENSE NO:

COMPANY NAME:

ADDRESS:

CITY: STATE: ZIP:

REMITTANCE ADRESS:

CONTACT/TITLE:

PHONE: FAX: EMAIL:

TAXPAYER ID NO. OR SS NO: E-VERIFY NO:

**LIST THE COMMODITIES OR SERVICES YOU CAN SUPPLY:**

**Place an “x” beside the description that best describes your organization:**

 Minority Women Dealer Sole Prop

 Valdosta Jobber Retail Incorporated

 VSEB Individual Partnership Mfg.

**Name, Title, and Signatures or persons authorized to sign bids, proposals, and contracts:**

**Name Title Signature Printed Name**

I certify that the information stated above is factual and true and the taxpayer identification, social security number, and E-Verify number is correct. I also affirm by signing this document I have read the entire “How to do Business With the City of Valdosta” guide:

Signature: Printed Name:

**Return this form to:**

**City of Valdosta Purchasing**

**P.O. Box 1125**

**Valdosta, GA 31603-1125**

Fax: 229-259-5460

**Include a current copy of your W-9 and E-Verify Form with your vendor form.**