



White County

Vendor Information Form

(Please print or type)

DATE: _____	BUSINESS LICENSE NO: _____
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COMPANY NAME: _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____

BILLING ADDRESS: _____

CONTACT NAME/TITLE: _____

EMAIL ADDRESS: _____

PHONE NO: _____ FAX NO: _____

TAXPAYER I.D. NUMBER OR S.S. NUMBER:

LIST THE APPROPRIATE COMMODITY CODE(S) THAT YOUR COMPANY IS CAPABLE OF SUPPLYING
(please list in numeric order): _____

Place an "x" beside the description(s) that best describe your organization:

Authorized Distributor _____	Professional Services _____	Construction _____	Service Provider _____
Retail _____	Wholesaler _____	Manufacturer _____	Factory Representative _____

Minority Owned _____	Women Owned _____	Large Business _____	Small Business _____	Date Opened: _____
Partnership _____	Incorporated _____	LLC _____	DBA _____	State: _____

Terms: _____ Liability Insurance: _____ Workers Comp Insurance: _____ Years in Business: _____

NAME, TITLE, AND SIGNATURES OF PERSONS AUTHORIZED TO SIGN BIDS AND CONTRACTS (if you need additional space, attach names on your letterhead):

NAME	TITLE	SIGNATURE
_____	_____	_____
_____	_____	_____
_____	_____	_____

LIST THREE REFERENCES WHOM YOU HAVE COMPLETED SIMILAR BUSINESS WITH:

COMPANY NAME	CONTACT PERSON	E-MAIL	PHONE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I certify that the information that is stated above is factual and true and the taxpayer identification or social security number is correct:

SIGNATURE: _____ TITLE: _____ DATE: _____

RETURN THIS FORM TO: White County Board of Commissioners

59 South Main Street – Suite A

Along with your [W9 Form](#)

Cleveland, GA 30528

Email: ssmallwood@whitecounty.net	(706) 865-2235	Fax: (706) 865-1324
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