



MACON-BIBB COUNTY

Vendor Application

Date Submitted: _____

New Application

Revised Application

RETURN THIS COMPLETED FORM TO: procurement@maconbibb.us

Phone: 478-803-0550

Email: procurement@maconbibb.us

or: **Macon-Bibb County Procurement Department**

700 Poplar Street, Ste. 308

Macon, GA 31201

Company Name:	
Company Address:	
Authorized By (Name):	
Title:	
Authorized Signature:	Date:
Telephone Number:	Fax Number:
Email Address:	

<u>REMITTANCE INFORMATION (where payments should be sent)</u>				
Remit to Name:				
Remit to Address:				
Phone:	Fax:	Toll Free:		
Contact:	Email:			
Business Type (choose one):	<input type="checkbox"/>	Individual/Sole Proprietor	<input type="checkbox"/>	Single member LLC
	<input type="checkbox"/>	Business - incorporated	<input type="checkbox"/>	Business - not incorporated/partnership
	<input type="checkbox"/>	LLC: C S P (circle one)	<input type="checkbox"/>	Other (Specify):
Social Security #:		Federal Tax ID #:		

<u>PURCHASE ORDER INFORMATION (where purchase orders should be sent)</u>			
Purchase Order Name:			
Purchase Order Address:			
Phone:	Fax:	Toll Free:	
Contact:	Email:		
Payment Terms: Discount %	# Days	Net Due	
Freight Terms: Ship Via	FOB		

<u>E-Verify Information</u>	
Private Employer Affidavit is attached :	
With E-Verify # _____	With E-Verify exemption selected _____
Contractor Affidavit is attached: (additional affidavit, if applicable)	
With E-Verify # _____	Without E-Verify # but a copy of my driver's license is attached since
I have no employees and no intent to hire employees _____	

Do you maintain a local office in Macon-Bibb County?	Yes _____	No _____
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