



Marion County Board of Commissioners  
**Purchasing Department**  
 PO Box 481  
 Buena Vista, GA 31803  
 marioncountyga.org/purchasing-bids/  
 Phone: (229) 649-2603  
 Email: marionga@windstream.net

<b>Vendor Registration Form</b>	
<b>for Office use only</b>	
Date:	Vendor Number:

Company Name: \_\_\_\_\_

**Order From Address** (This is the name and address that will appear on purchase orders and checks)

Division (if applicable): \_\_\_\_\_

Street / PO Box: \_\_\_\_\_

City, State, Zip+4: \_\_\_\_\_

Contact Person/Title: \_\_\_\_\_

Prompt Payment Terms\*: \_\_\_\_\_

  

Telephone: (    ) \_\_\_\_\_ FAX: (    ) \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Remittance Address** (if different than Order From Address)

Division (if applicable): \_\_\_\_\_

Street / PO Box: \_\_\_\_\_

City, State, Zip+4: \_\_\_\_\_

Contact Person \_\_\_\_\_

Contact's Title: \_\_\_\_\_

  

Telephone: (    ) \_\_\_\_\_ FAX: (    ) \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Authorization for Direct Deposit of Supplier Payments (ACH)**

**BANK INFORMATION**

Name of Bank/Credit Union: \_\_\_\_\_

Bank/Credit Union Routing Number: \_\_\_\_\_

Checking Account #\*: \_\_\_\_\_

\*Savings Account Numbers May Not Be Used.

I hereby authorize: **1)** Marion County Board of Commissioners to deposit my supplier invoice payment via electronic funds transfer. **2)** My financial institution to credit this amount to my account.  
 In the event that the exercise of this authorization for any reason results in an overpayment for supplier invoices actually due and payable to me, I hereby authorize Marion County Board of Commissioners to either: **A)** debit my above-identified account for an amount not to exceed said overpayment, or **B)** withhold a sum equal to the overpayment from my next disbursement of supplier invoice payment.

Classification Information

DBE Status (please check if applicable):

Disadvantaged business (DBE)

Tax Information - Required

**(Please note, a vendor's registration will not be considered by the Marion County Board of Commissioners without the following information.)**

Tax Reporting Name (Name shown on your income tax return): \_\_\_\_\_

**Taxpayer ID Number:**

Federal Tax ID #: \_\_\_\_\_ or Social Security #: \_\_\_\_\_

Note: The Federal Tax ID # or Social Security # provided must be the correct number for the Tax Reporting Name.

Tax Contact Person: \_\_\_\_\_

Tax Contact Title: \_\_\_\_\_

**Mailing Address for Tax Forms or Correspondence:**

Division (if applicable): \_\_\_\_\_

Street/PO Box: \_\_\_\_\_

City, State, ZIP+4: \_\_\_\_\_

**Organization Type (Check One):**

Corporation (includes S-Corp)

Individual/Sole Proprietor

Partnership

Government Agency

Limited Liability Company

Other \_\_\_\_\_

Under penalties of perjury, I certify that: (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding, or (c) the IRS has notified me that I am no longer subject to backup withholding; and (3) I am a U.S. citizen or person. For federal tax purposes, you are considered a U.S. person if you are 1) an individual who is a U.S. citizen or U.S. resident alien, 2) A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, 3) An estate (other than a foreign estate), or 4) A domestic trust (as defined in Regulations section 301.7701-7).

Authorized Printed Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_