

VENDOR APPLICATION

**CITY OF ALBANY, GEORGIA
AND
DOUGHERTY COUNTY BOARD
OF COMMISSIONERS**

**RETURN TO:
CITY OF ALBANY, PROCUREMENT DIVISION
P.O. BOX 447
ALBANY, GA 31702
(P) 229-431-3211
(F) 229-431-2184
WEBSITE: WWW.ALBANY.GA.US**

1. NAME OF BUSINESS		DATE OF THIS APPLICATION	
2. COMPLETE STREET ADDRESS		PHONE NUMBER	
3. COMPLETE MAILING ADDRESS		FAX NUMBER	
4. WEBSITE		E-MAIL ADDRESS	
5. PREVIOUS FIRM NAME (IF APPLICABLE)		PREVIOUS FIRM ADDRESS	
6. TYPE OF ORGANIZATION			
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> OTHER _____			
7. DISADVANTAGED BUSINESS CATEGORY			
<input type="checkbox"/> BLACK MALE <input type="checkbox"/> BLACK FEMALE <input type="checkbox"/> WHITE FEMALE <input type="checkbox"/> HISPANIC MALE <input type="checkbox"/> HISPANIC FEMALE <input type="checkbox"/> ASIAN MALE <input type="checkbox"/> ASIAN FEMALE <input type="checkbox"/> NATIVE AMERICAN MALE <input type="checkbox"/> NATIVE AMERICAN FEMALE			
8. TYPE OF BUSINESS			
<input type="checkbox"/> CONSTRUCTION FIRM <input type="checkbox"/> AUTHORIZED DISTRIBUTOR <input type="checkbox"/> SURPLUS DEALER <input type="checkbox"/> JOBBER <input type="checkbox"/> SERVICE FIRM <input type="checkbox"/> RETAIL DEALER <input type="checkbox"/> MANUFACTURER <input type="checkbox"/> FACTORY REPRESENTATIVE			
9. PRINCIPAL LINE OF BUSINESS (Please Describe)			
10. FEDERAL TAX ID NUMBER			
<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>		SOCIAL SECURITY NUMBER	
<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>		* BUSINESS LICENSE NUMBER	
<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>			
11. NAME OF REPRESENTATIVES			
(A) Inside Sales		Telephone/Ext.	
(B) Account Rep.		Telephone/Ext.	
(C) Service		Telephone/Ext.	
(D) Accounting		Telephone/Ext.	
(E) Owner		Telephone/Ext.	

*** Provide A Copy Of Your Current Business License**

