



VENDOR APPLICATION FORM

City of Fitzgerald

Accounts Payable

302 East Central Avenue

Fitzgerald, Georgia 31750

Phone: (229) 426-5060

Fax: (229) 426-5066

www.fitzgeraldga.org

<input type="checkbox"/> New Application <input type="checkbox"/> Revised Application		Federal I.D. # or Social Security #	Date:
1. Legal Name of Business and Mailing Address:		2. Billing Address for Payments:	
3. Ownership and Organization (Check One): <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit Organization		4. How Long in Business under present name?	
5. OWNER INFORMATION			
Name/Title:		Telephone Number:	Fax number:
Address:		E-mail Address and Website:	
6. Type of Business: <input type="checkbox"/> Distributor <input type="checkbox"/> Manufacturer/Producer <input type="checkbox"/> Wholesaler <input type="checkbox"/> Retailer <input type="checkbox"/> Construction <input type="checkbox"/> Consulting <input type="checkbox"/> Service <input type="checkbox"/> Other _____			
VENDOR CONTACT PERSON(S):		NAME	PHONE NO
VENDOR AUTHORIZED SIGNER NAME AND TITLE:			
VENDOR SIGNATURE:		DATE:	

*Please return the completed Vendor Application and Form W-9 to the City of Fitzgerald at the address listed above. This information is needed in order to generate a vendor account and process payment.
Thank you.*