



Department of Accounting Services
229.931.2066 OFFICE
229.931.2066 FAX

800 Georgia Southwestern State University Drive
Americus, Georgia 31709-4379

VENDOR PROFILE FORM
(Please complete, sign and mail or fax to location above.)

Vendor Name: _____

- Individual Recipient (not owning a Business)
Corporation
Partnership
Sole Proprietorship
Educational
Governmental
Non Resident Alien
Non Profit
Other

Taxpayer Identification Number
Federal ID Number _____ OR
Social Security Number _____

REMIT TO

Address Line 1: _____
Address Line 2: _____
City/State/Zip: _____
Phone: () _____ Ext. _____
Fax: () _____
Contact Name: _____
Email: _____

SALES & ORDERING

Address Line 1: _____
Address Line 2: _____
City/State/Zip: _____
Phone: () _____ Ext. _____
Fax: () _____
Contact Name: _____
Email: _____

Payment Terms: _____

Internet Address: _____

OWNERSHIP
Is the business a minority-owned business?
YES NO
Is the business a small business:
YES NO
<100 employees OR <\$1M gross receipts
If business is minority-owned, please specify:
African American Asian American
Native American Pacific Islander
Hispanic Female

Commodities (Please indicate the type of products sold/manufactured):

1099 Reportable Services Provided to the Institution (if applicable):

Non-employee Compensation Rents Royalties Prizes & Awards

I certify under penalty of perjury that the information I have provided on this form is correct.

Signed: _____ Date: _____ Phone: () _____