

## VENDOR APPLICATION

CITY OF ALBANY, GEORGIA

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](http://WWW.ALBANY.GA.US)

**\* Provide A Copy Of Your Current Business License**  
**\*\* Provide A Current W-9 Form To Make This Application Complete**

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. REMIT ADDRESS (IF DIFFERENT)		
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> OTHER _____		
7. DISADVANTAGED BUSINESS CATEGORY		
<input type="checkbox"/> REGISTERED ASBE - ALBANY SMALL BUSINESS ENTERPRISE <input type="checkbox"/> NON-MINORITY		
<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		
SOCIAL SECURITY NUMBER		
* BUSINESS LICENSE NUMBER		
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input 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.	

**INSTRUCTIONS FOR LOCATING  
PROPER NIGP CLASSIFICATION CODES**

The City of Albany's NIGP classification system is a key component for the effective procurement of required goods and services. Vendors interested in supplying goods and / or services to the City / County should review the NIGP listing to locate the proper NIGP classification code, which indicates the products or services provided by their company.

Carefully select all **applicable** Commodity Codes, as the bid notices will be based upon this selection. It is important to list all of your company commodities.

Commodity list can be found online at [http://www.albany.ga.us/filestorage/1798/2879/2943/NIGP\\_Commodity\\_Codes.pdf](http://www.albany.ga.us/filestorage/1798/2879/2943/NIGP_Commodity_Codes.pdf) .

NIGP CODES		

NIGP CODES		

General Information

1. Any Vendor who fails to provide complete and accurate information is subject to disqualification as a Bidder.
2. Vendors are subject to removal from the bidder list for poor performance.
3. The approval of your application does not imply approval or acceptance of the quality level of products or services you supply. Acceptance is contingent upon compliance with bid specifications.
4. Failure to respond to three (3) consecutive bids of a commodity may result in your removal from the Bidders List for that commodity. Return of a "No-Bid" response is an acceptable means to indicate interest in remaining on the list.
5. Notify the Procurement Office of any changes to include business name change, address, phone number, as well as NIGP code additions or deletions.

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_