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VENDOR NO.

## VENDOR APPLICATION

**DOUGHERTY COUNTY BOARD  
OF COMMISSIONERS**

**RETURN TO:  
DOUGHERTY COUNTY COMMISSION  
PROCUREMENT DEPARTMENT  
P.O. BOX 1827  
ALBANY, GA 31702-1827  
(B) 229-431-2121  
(F) 229-438-3967**

**WEBSITE: WWW.ALBANY.GA.US**

<b>1. NAME OF BUSINESS</b>		<b>DATE OF THIS APPLICATION</b>																					
<b>2. COMPLETE STREET ADDRESS</b>		<b>PHONE NUMBER</b>																					
<b>3. COMPLETE MAILING ADDRESS</b>		<b>FAX NUMBER</b>																					
<b>4. WEBSITE</b>		<b>E-MAIL ADDRESS</b>																					
<b>5. PREVIOUS FIRM NAME (IF APPLICABLE)</b>		<b>PREVIOUS FIRM ADDRESS</b>																					
<b>6. TYPE OF ORGANIZATION</b>																							
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> OTHER _____																							
<b>7. DISADVANTAGED BUSINESS CATEGORY</b>																							
<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																							
<b>8. TYPE OF BUSINESS</b>																							
<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																							
<b>9. PRINCIPAL LINE OF BUSINESS (Please Describe)</b>																							
<b>10. FEDERAL TAX ID NUMBER</b>		<b>SOCIAL SECURITY NUMBER</b>																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>												<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>											
		<b>* BUSINESS LICENSE NUMBER</b>																					
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<b>11. NAME OF REPRESENTATIVES</b>																							
<b>(A) Inside Sales</b>		<b>Telephone/Ext.</b>																					
<b>(B) Account Rep.</b>		<b>Telephone/Ext.</b>																					
<b>(C) Service</b>		<b>Telephone/Ext.</b>																					
<b>(D) Accounting</b>		<b>Telephone/Ext.</b>																					
<b>(E) Owner</b>		<b>Telephone/Ext.</b>																					

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

