VENDOR REQUEST AND UPDATE FORM - - - Fill Out and Return to the Office Listed Below

Gordon State College Purchasing – 419 College Dr.- Barnesville, GA 30204
Ph: 678-359-5054 Fax: 678-359-5213

Vendor Information

Contact Name: _________________________________________________________________

Business Name: _______________________________________________________________

Physical Address: __________________________________________________________________

City, State, and Zip Code: __________________________________________________________________

Remit Address: ______________________________________________________________________

City, State, and Zip Code: __________________________________________________________________

Phone Number: Include Area Code: (____)-________-________

Fax Number: Include Area Code: (____)-________-________

TAXPAYER IDENTIFICATION NUMBER (TIN): _____________________________________________

Authorized Company Official Signature: ________________________________________________

______________________________________________________
SMALL OR MINORITY BUSINESS INFORMATION

Small Business: And independently owned & operated entity that has either fewer than one hundred (100) employees or less than one Million ($1,000,000) in gross receipts per year.

_____ - Yes - if yes, please check the following reason(s) that apply.

___ Less than 100 employees
___ Less than $1,000,000 in gross annual receipts

_____ - No

Minority Owned: A business that is owned or controlled by one or more minority persons. Please indicate below if your firm is owned or Controlled by one of the minorities listed.

___ % African American
___ % Hispanic/Latino
___ % Native American
___ % Asian American
___ % Pacific Islander

______________________________________________________
Please Check One

Check Appropriate Box: ___ Individual/Sole Proprietor, ___ Corporation, ___ Partnership, ___ Limited Liability

Check if Exempt Payee: ______

OFFICE USE ONLY:

Vendor Number: ___________________________ Date: ___________________________ Initials ___________