

COBB COUNTY VENDOR MASTER FORM 2024

NAME PREFERENCE ON CHECK Legal Alias BOTH VENDOR NUMBER:

VENDOR LEGAL NAME

DOING BUSINESS AS

PAYMENT ADDRESS INFORMATION

STREET	<input type="text"/>	City	<input type="text"/>
		State	<input type="text"/> Zip Code <input type="text"/>
		Phone #	<input type="text"/> Ext <input type="text"/>
Contact Name	<input type="text"/>	Contact Email	<input type="text"/>
Additional Contact	<input type="text"/>	Email	<input type="text"/>

PAYMENT OPTIONS

Electronic Funds Transfer (EFT/ACH) EPY (processed as credit card (*fees apply according to your bank))

NEW request Change Request If Change last 4 of prior

ABA/Routing # Bank Acct #

Bank Name Checking Savings

Remittance Email

Authorized Signature PRINT NAME

If this is a bank change request- last four of prior is required. You will also be contacted to verify additional information

PURCHASING/ORDERING ADDRESS INFORMATION

STREET	<input type="text"/>	City	<input type="text"/>
		State	<input type="text"/> Zip Code <input type="text"/>
		Phone #	<input type="text"/> Ext <input type="text"/>
Contact Name	<input type="text"/>	Disadvantaged Business Owner (DBE) <input type="radio"/> YES <input type="radio"/> NO	
Contact Email	<input type="text"/>	E-Verify #	<input type="text"/>
		Cert #	<input type="text"/>
		Cert Date	<input type="text"/>

PLEASE EMAIL THIS FORM ALONG WITH A CURRENT YEAR W9 TO VENDOR.ENROLLMENT@COBBCOUNTY.ORG. NO APPLICATIONS WILL BE PROCESSED WITHOUT A CURRENT W9 ON FILE FOR BOTH NEW AND MODIFICATIONS OF CURRENT VENDOR PROFILES.