



**CITY OF DUBLIN
VENDOR INFORMATION FORM**

(please print or type)

DATE: _____

COMPANY NAME: _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____

REMITTANCE ADDRESS: _____

CONTACT NAME/TITLE: _____

E-MAIL ADDRESS: _____ WEBSITE: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

TAXPAYER I.D./SOCIAL SECURITY NUMBER: **W-9 must be provided** _____

FEDERAL WORK AUTHORIZATION NUMBER: _____

LIST THE COMMODITIES OR SERVICES YOUR COMPANY IS CAPABLE OF SUPPLYING:

NAME, TITLE, AND SIGNATURES OF PERSONS AUTHORIZED TO SIGN BIDS AND CONTRACTS

NAME: _____ TITLE: _____ SIGNATURE: _____

I certify that the information that is stated above is factual and true and the taxpayer identification or social security number is correct.

SIGNATURE: _____

DATE: _____

RETURN THIS FORM TO:

City of Dublin
Purchasing Department
PO Box 690
Dublin, GA 31040
478.277.5047 fax – 478.275.4452
hardenk@dublinga.org