



**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. or SOCIAL SECURITY NUMBER: \_\_\_\_\_

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@dlcga.com](mailto:hardenk@dlcga.com)