



SUPPLIER (VENDOR) MANAGEMENT FORM

Agency Vendor Liaisons **MUST** review this form to ensure the supplier has completed the appropriate highlighted sections 1-5.

Agency Vendor Liaisons **MUST** complete the "AGENCY LIAISON USE ONLY" section prior to submission to SAO.

STATE OF GEORGIA-AGENCY LIAISON USE ONLY

CHECK ONE AND ENTER ID NUMBER

Newly Assigned Supplier ID																			
Existing TeamWorks Supplier ID																			

SPECIFY TYPE OF ACTION(S) REQUESTED BY SUPPLIER (VENDOR)

Change Bank Acct - Loc#		
Change Address - #		
Classification Change		
HCM Vendor		
Statewide Contract (DOAS Use Only)		
Other (Provide Details in Section 5 and Initial)		

By my signature, I certify that all reasonable effort has been made to submit information that is complete, accurate, true, and is associated with the supplier name and Tax ID listed above.

Liaison Name: _____ Agency BU#: _____
Signature: _____ Date: _____
Email: _____ Phone: _____

SECTION 1 – SUPPLIER IDENTIFICATION (Complete all

fields) FEI/SSN/TIN NUMBER: 58-6000836

SUPPLIER NAME: Hall County

PAYMENT ALT NAME: (IF PAYABLE TO DIFFERENT NAME) _____

ADDRESS: P.O. Drawer 1435

CITY: Gainesville STATE: GA ZIP CODE: 30503

COUNTRY: USA DRIVERS LICENSE #: _____ DL STATE: _____

PRIMARY#: 770-718-5724 EXT: _____ SECONDARY#: 470-577-0033 EXT: _____

LANDLINE ☒ CELL ☐ (USED FOR IDENTITY VERIFICATION) LANDLINE ☐ CELL ☒ (USED FOR IDENTITY VERIFICATION)

CONTACT EMAIL: dbosten@hallcounty.org

SECTION 2 – BANK ACCOUNT INFORMATION (REQUIRED FOR ALL NEW SUPPLIERS OR BANKING CHANGES/ADDS FOR EXISTING SUPPLIERS)

ROUTING # 1 2 1 0 0 0 2 4 8 ACCOUNT # 2 0 0 0 1 8 1 1 7 2 5 7 0

☐ Check here if General Bank Account can be used by ALL State of Georgia agencies making payments.

☒ Check here if this account can only be used for SPECIFIC purpose. _____
Describe specific purpose

ACCOUNTS RECEIVABLE NOTIFICATION

PYMT REMIT EMAIL: accountsreceivable@hallcounty.org

PYMT REMIT EMAIL: _____

I authorize the State of Georgia to deposit payment for goods and/or services received into the provided bank account by the Automated Clearing House (ACH). I further acknowledge that this agreement is to remain in full effect until such time as changes to the bank account information are submitted in writing by the vendor or individual named below. It is the sole responsibility of the vendor or individual to notify the State of Georgia of any changes to the bank account information. The State of Georgia independently authenticates bank account ownership.

Dena Bosten

Printed Name of Company Officer

Signature of Company Officer

Date

SECTION 3 – SPECIFY TYPE OF ACTION(S). CHECK ALL THAT APPLY TO THIS REQUEST.

	Deactivate Supplier Profile (Enter justification in Section 5)									
	Reactivate Supplier Profile									
	Non- 1099 Applicable		1099 Applicable		1099-N		1099-M	Enter Code		
	Add <u>New</u> Bank Account (Must complete Section 2)									
	Change <u>Existing</u> Bank Account (Must complete Section 2)									
	FEI/TIN Change (Cannot be changed if 1099 applicable)									
	Supplier (Business) Name Change									
	Add <u>Additional</u> Business Address									
	Change <u>Existing</u> Business Address									
	Other (Provide Details in Section 5)									

SECTION 4 – TYPE OF BUSINESS (Check All That Apply)**BUSINESS CERTIFICATIONS – CHECK ALL THAT APPLY**

<input type="checkbox"/>	*Small Business	<input type="checkbox"/>	Women Owned
<input type="checkbox"/>	GA Resident Business	<input type="checkbox"/>	Minority Business Certified

MINORITY BUSINESS ENTERPRISE (51% Owned):

☐ Hispanic – Latino ☐ African American ☐ Native American
☐ Asian American ☐ Pacific Islander ☐ Not Applicable

*Based on Georgia law (OCGA 50-5-21) (3) "Small Business" means any business which is independently owned and operated. Additionally, such business must have either less than 300 employees OR less than \$30 million in gross receipts per year.

SECTION 5 – ADDITIONAL SUPPLIER COMMENTS (Required if “Other” or “Deactivate” box checked in Section 3)