



## SUPPLIER (VENDOR) MANAGEMENT ADD/CHANGE FORM

*The Vendor Liaison should submit this form to SAO Vendor Management Group for verification and approval. Agency Liaisons must complete Section 5 of the form to obtain approval. All necessary supporting documentation must be attached. (\*Required fields)*

### SECTION 1 – SUPPLIER IDENTIFICATION (COMPLETE ALL APPLICABLE FIELDS)

☐ \*NEW ☐ \*EXISTING

\*SUPPLIER NUMBER: \_\_\_\_\_ \*FEI/SSN/TIN NUMBER: \_\_\_\_\_

\*SUPPLIER NAME: \_\_\_\_\_

PAYMENT ALT NAME: (IF PAYABLE TO DIFFERENT NAME) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

COUNTRY: \_\_\_\_\_ DRIVERS LICENSE #: \_\_\_\_\_ DL STATE: \_\_\_\_\_

PRIMARY #: \_\_\_\_\_ EXT: \_\_\_\_\_ SECONDARY #: \_\_\_\_\_ EXT: \_\_\_\_\_

LANDLINE ☐ CELL ☐ (USED FOR IDENTITY VERIFICATION)

FAX#: \_\_\_\_\_ CONTACT EMAIL: \_\_\_\_\_

### SECTION 2 – BANK ACCOUNT INFORMATION (ATTACH COPY OF VOIDED CHECK OR SIGNED BANK LETTER)

(REQUIRED FOR ALL NEW SUPPLIERS OR CHANGES/ADDS FOR EXISTING SUPPLIERS)

ROUTING #: \_\_\_\_\_ BANK ACCOUNT #: \_\_\_\_\_

☐

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: \_\_\_\_\_ LOC#: \_\_\_\_\_

PYMT REMIT EMAIL: \_\_\_\_\_ LOC#: \_\_\_\_\_

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.

Printed Name of Company Officer

Signature of Company Officer

Date

### SECTION 3 – SPECIFY TYPE OF ACTION (CHECK ALL THAT APPLY) REQUIRED

☐

Classification Change

☐

Deactivate/Reactivate (Enter Justification in Section 4)

☐

1099 Code \_\_\_\_\_

☐

Name/FEI/TIN Change

☐

Add/Change Address Addr#: \_\_\_\_\_

☐

Other (Details in Section 4)

☐

Bank Account Add/Change Loc#: \_\_\_\_\_

☐

HCM Vendor

☐

Statewide Contract (SWC)

**Documentation for Vendor Name/FEI/TIN changes must include at least one of the following:** IRS documentation (tax documents, FEI issuance letter, etc.);

Confirmation from Secretary of State's office of legal name change; **OR** a newly completed W-9 form provided by the vendor.

#### BUSINESS CERTIFICATIONS – CHECK ALL THAT APPLY

☐

Small Business

☐

Women Owned

☐

Hispanic – Latino

☐

African American

☐

Native American

☐

GA Based Business

☐

Minority Business Certified

☐

Asian American

☐

Pacific Islander

☐

Not Applicable

#### MINORITY BUSINESS ENTERPRISE (51% Owned):

### SECTION 4 – ADDITIONAL COMMENTS

### SECTION 5 - STATE OF GEORGIA AGENCY LIAISON CONTACT INFORMATION (COMPLETED BY AGENCY LIAISON ONLY) ALL FIELDS REQUIRED.

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

Liaison Name: \_\_\_\_\_ Agency BU#: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_