

COBB COUNTY VENDOR INFORMATION

Vendor Number _____

CHECKS PAYABLE TO:

Vendor Name: _____

Doing Business As: _____

Payment Address: _____

Contact Name: _____ Phone #: _____

Email Address: _____

Additional Contact: _____

Email Address: _____ Phone #: _____

Disadvantaged Business Enterprise (DBE) _____

Certificate Number (if applicable) _____

E-Verify Number: _____

Certificate Start Date: _____

PAYMENT OPTIONS:

☐ **Electronic Fund Transfer** (Direct Deposit) ☐ **EPY** (Processed as Credit Card) *fees applicable

Remittance Email Address: _____ ☐ Checking ☐ Savings

ABA (Routing) Number: _____ Bank Account Number: _____

Signature: _____

PURCHASE ORDERS:

Address: _____

Contact Name: _____ Phone #: _____

Email Address: _____

Please email along with a current W-9 to vendor.enrollment@cobbcounty.org PLEASE BE
AWARE NO APPLICATIONS WILL BE PROCESSED WITHOUT A **W-9** ON FILE