

COBB COUNTY VENDOR INFORMATION

Vendor Number

CHECKS PAYABLE TO:

Vendor Name: _____

Doing Business As: _____

Payment Address: _____

Dept Requesting Goods/Svcs

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