

Please return by fax to:
229-391-4871

Abraham Baldwin Agricultural College Vendor Profile Form

Vendor Name: _____

- Corporation
- Partnership
- Sole Proprietorship
- Educational
- Governmental
- Citizen/Resident
- Non Resident Alien

Taxpayer Identification Number		
Federal ID Number ____ - ____ - _____	OR	Social Security Number ____ - ____ - _____

REMIT TO

Address Line 1: _____
 Address Line 2: _____
 City/State/Zip: _____
 Phone: () _____ Ext. _____
 Fax: () _____
 Contact Name: _____
 Email: _____

SALES & ORDERING

Address Line 1: _____
 Address Line 2: _____
 City/State/Zip: _____
 Phone: () _____ Ext. _____
 Fax: () _____
 Contact Name: _____
 Email: _____

Payment Terms: _____

Internet Address _____

<p>OWNERSHIP</p> <p>Is the business a minority-owned business? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Is the business a small business? <input type="checkbox"/> YES <input type="checkbox"/> NO <small><100 employees OR < \$1M gross receipts</small></p>	<p>If business is minority-owned, please specify one ethnic background:</p> <p><input type="checkbox"/> African American <input type="checkbox"/> Asian American <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Hispanic</p>
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Commodities (Please indicate the type of products sold/manufactured):

1099 Reportable Services Provided to the Institution (if applicable):

- Non-employee Compensation Rents Royalties Prizes & Awards

I certify under penalty of perjury that the information I have provided on this form is correct.

Signed _____ Date _____ Telephone () _____