ABRAHAM BALDWIN AGRICULTURAL COLLEGE
Vendor Registration Form

Main Information
Vendor/Individual Name ____________________________________________________________
(as it appears on your Invoice/Check)

Legal Name: ___________________________________________________________________
(As it appears on your IRS records, if different from above)

Taxpayer Identification Number:
Employer ID Number: ___ ___ ___ ___ ___ ___ ___ ___ OR Social Security Number ___ ___ ___ ___ ___ ___ ___ ___

Address & Contact Information
Main/Physical Location:
Street or PO Box __________________________________________________________________
City/State _______________________________________________________________________
Phone # __________________________ Fax __________________________
Contact Name/Title _______________________________________________________________
Contact Email Address ____________________________________________________________

Remit To Location: (if different than above)
Street or PO Box __________________________________________________________________
City/State _______________________________________________________________________
Phone # __________________________ Fax __________________________
Contact Name/Title _______________________________________________________________
Contact Email Address ____________________________________________________________

Ordering/Purchasing Location: (if different than above)
Street or PO Box __________________________________________________________________
City/State _______________________________________________________________________
Phone # __________________________ Fax __________________________
Contact Name/Title _______________________________________________________________
Contact Email Address ____________________________________________________________

Company Website URL: _____________________________________________________________________

Organization Type/Legal Status (Choose One)

- Corporation
  - State of Incorporation

- Partnership
  - State of Incorporation

- Sole Proprietorship
  - State of Incorporation

- Foreign Entity

- Government Entity

- Individual

- Non-Profit Agency
  - State of Incorporation

- African American Female (AAF)
- Native American Female (NAF)

- African American Male (AAM)
- Native American Male (NAM)

- Advertising (ADV)
- Non-Minority Business (NMB)

- Asian American Female (ASF)
- Non-Resident Alien (NRA)

- Asian American Male (ASM)
- Pacific Islander Female (PIF)

- Consultant (CNS)
- Pacific Islander Male (PIM)

- Contractor (CNT)
- Public Relations (PR)

- Employee (EMP)
- Retiree (RET)

- Entertainment (ENT)
- Small Business (SMB)

- Female - Owned (FEM)
- Student (STU)

- Government Agency (GVT)
- Transportation (TRN)

- Hispanic Female (HF)
- Travel Related Services (TRS)

- Hispanic - Male (HM)
- Unknown
Demographic Information:
Is your company a small business? __________ YES __________ NO
(Independently owned & operated that either has fewer than one hundred (300) employees OR less than $30 million in gross receipts per year)

Is your company female owned __________ YES __________ NO

A Minority Business means a small business concern which is at least 51% owned and controlled by one of more minorities and controlled by one or more minorities and is authorized to do and is doing business under the laws of the State of GA, paying all taxes duly assessed and domiciled within this state.

Is your company minority owned? __________ YES __________ NO
If 'Yes' please indicate Minority Designation __________ YES __________ NO

African American
Asian American
Native American
Pacific Islander
Hispanic / Latino

Commodities (Please indicate the type of product sold/manufactured):

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Procurement/Purchasing Information (if Business)
Are you registered with Team Georgia Marketplace? __________ YES __________ NO

If no, please go to http://doas.ga.gov/Suppliers/Pages/SupplierStart.aspx to register for updates and openings for bidding opportunities. This website is hosted by Georgia Department of Administrative Services.

Notices
Applications will not be processed until a W-9 is received. Please send completed form and W-9 to:

Mail: Abraham Baldwin Agricultural College
      Procurement
      ABAC 11
      2802 Moore Highway
      Tifton, GA 31793

      OR

Fax: 229-391-5046

Email: rshawsey@abac.edu
      Subject Line: Vendor Registration

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

Signature: (First Name, Last Name) __________________________ Date

(Title, if applicable)