

SUPPLIER (VENDOR) MANAGEMENT FORM

Fulton County Board of He	aitn use	oniy	CHEC	K OI	VF ΔN	D FN	NTER ID	NU	MRFI	2								
Newly Assigned Supplier	ID		CITE	I 					IVIDE	`								
Existing FCBOH Supplier II																		
	SPECIFY	TYPE	OF AC	LION	I(S) RE	QUI	ESTED I	⊒ BY SI	UPPL	ER (V	ENDO	OR)						
Change Bank Acct - Loc#					. ,	,				•								
Change Address - #																		
Classification Change																		
Statewide Contract (DOA	S Use Only	y)																
Other (<i>Provide Details in</i> .	Section 5 (and Init	ial)															
By my signature, I certify that is associated with the supplied Liaison Name: Signature:	er name a	and Ta	x ID list	ed a	bove.				nform	ation t		s cor		e, acc	cura	te, tı	ue, a	nd
Email:									Dh	one:		ite.						
									_ [J.1C.								
SECTION 1 – SUPPLIER IDEI	NTIFICAT	TION (Compl	ete	all fie	lds)												
FEI/SSN/TIN NUMBER:			•															
SUPPLIER NAME:																		
PAYMENT ALT NAME: (IF PA	YABLE TO	DIFFER	ENT NAI	ME)														
ADDRESS:																		
CITY:							CT/	TE:			710	CO	DE:					
COUNTRY:						: 110	517 ENSE #:					CO		STAT	F.			
PRIMARY#:			EXT:		VI V LIVS		ONDAR						_ DL.	ואוכ	۲.	EX	г.	
	FOR IDENTI	ITY VERI					DLINE [CEL	L	(USEI) FOR I	IDENT			ATION)
CONTACT EMAIL:																		
SECTION 2 - BANK ACCOU	<mark>NT INFO</mark>	RMAT	Γ <mark>ΙΟΝ</mark> (R	EQUIF	RED FOR	ALL N	IEW SUPP	LIERS	OR BAI	IKING CI	HANGE	S/AD	DS FOF	R EXIST	ING S	UPPL	IERS)	
ROUTING #					P	CCO	UNT#											
Check here for Bank Ac																		
here if this account ca	n only be	e used	l for SP	ECIF	IC pur	pose	Э.				D							
											Desc	cribe s	рестіс	purpose	е			
			ACCO	UNT	S RECE	IVAE	BLE NOT	IFICA	ATION									
PYMT REMIT EMAIL: PYMT REMIT EMAIL:																		
I authorize the Fulton County Board of Heal acknowledge that this agreement is to remthe sole responsibility of the vendor or indiauthenticates bank account ownership.	ain in full effe	ect until si	uch time a	s chang	ges to the	bank a	account info	rmatio	on are su	bmitted i	n writing	g by th	ie vendo	or or ind	lividua	l name	d belov	
Printed Name of Company Officer					nature o									Dat				

SECTION 3 – SPECIFY TYPE OF ACTION(S). CHECK ALL THAT APPLY TO THIS REQUEST.													
Deactivate Supplier Profile (Enter justification in Section 5)													
	Reactivate Supplier Profi	le											
	Non- 1099 Applicable		1099 Applicable		1099-N] ;	1099-M	Enter Cod	е				
	Add <u>New</u> Bank Account (Must	complete Section 2)										
	Change <u>Existing</u> Bank Account (Must complete Section 2)												
	FEI/TIN Change (Cannot be changed if 1099 applicable)												
	Supplier (Business) Name Change												
	Add <u>Additional</u> Business Address												
	Change Existing Business Address												
	Other (Provide Details in Section 5)												
SE	ECTION 4 – TYPE OF B	USII	NESS (Check All Tha	: App	oly)								
1 1	BUSINESS CERTIFICAT	TION			LY			-		S ENTERPRISE (51			
	*Small Business GA Resident Business		Women Own		Cortified			– Latino		ican American cific Islander	Native American		
]]	GA Resident Business		IVIIIIOTILY BUSI	1622	Certified		Asian An	Herican	Pat	Line islander	Not Applicable		
	ased on Georgia law (OCGA 50						is independ	dently owned	and ope	rated. Additionally, s	such business must have		
eit	ther less than 300 employees (OR les	is than \$30 million in gro	oss re	eceipts per ye	ear.							
					_								
SE	ECTION 5 – ADDITION	AL S	UPPLIER COMMI	ENT	S (Requir	ed if "	'Other"	or "Deacti	vate"	box checked in	n Section 3)		
								Fu	ton Cou	inty Board of Heal	th Revised 02-2021		