

## SUPPLIER (VENDOR) MANAGEMENT FORM

Fulton County Board of Health	use on	ly	CHEC	V 0	NE AN	ID EI	NTED II	NUM	DED							
Newly Assigned Supplier ID			CHEC		NE AIV	ום כו	NIEKI	INOIVI	DEK							
Existing FCBOH Supplier ID																
	IEV TVE	DE C	JE VC.	TION	1/C/ D	FOLI	ESTED	_ BV CHI	PPLIER (\	/ENDOR	١,					
Change Bank Acct - Loc#	1 11 11 1		JF AC	1101	4(3) N	LQU	LJILD	D1 301	FLILK (	LINDON	<u> </u>					
Change Address - #																
Classification Change																
Statewide Contract (DOAS Use	Only)															
Other (Provide Details in Section	n 5 and i	Initi	al)													
By my signature, I certify that all re is associated with the supplier nar Liaison Name:  Signature:	ne and	Тах	ID list	ted a	bove.				ormation	that is c		ete, a	eccura	ite, ti	rue, a	nd 
Email:									Phone:							
FEI/SSN/TIN NUMBER:  SUPPLIER NAME:  PAYMENT ALT NAME: (IF PAYABLE  ADDRESS:	TO DIFF	FERE	ENT NAI	ME)												
CITY:							ST	ATE:		ZIP C	ODE	:				
COUNTRY:				DF	RIVER	S LIC	ENSE #	: -			D	L STA	TE:			
PRIMARY#:  NDLINE CELL (USED FOR ID  CONTACT EMAIL:	ENTITY V	'ERIF	EXT:			_	ONDA IDLINE	RY#:		CELL	(U:	SED FO	R IDEN	EX <sup>-</sup>		ATION)
SECTION 2 – BANK ACCOUNT IN	IFORM	I <mark>AT</mark>	I <mark>ON</mark> (R	EQUII			NEW SUP	PLIERS OR	BANKING (	CHANGES//	ADDS F	OR EXI	STING !	SUPPL	IERS)	
			<u> </u>						<u> </u>					<u> </u>		
Check here for Bank Accour		sed	for SF	PECIF	-IC pu	rpos	e.			Describ	e speci	fic purp	ose			
			۸۲۲	IINT	S RFCI	-Ι\/ΔΙ	RI F NO	ΓΙ <b>FICA</b> Τ	ION							
PYMT REMIT EMAIL:			ACCO	OINT	3 RECI	LIVAI	BLE NO	IIIICAII								
I authorize the Fulton County Board of Health to de acknowledge that this agreement is to remain in fu the sole responsibility of the vendor or individual to authenticates bank account ownership.	ll effect un	ntil su	ch time a	s chan	ges to th	e bank	account in	ormation a	re submitted	in writing by	the ve	ndor or	individu	al name	ed below	. It is
Printed Name of Company Officer				Sign	nature o	of Com	npany Off	cer					ate			
,				- 0			. ,									

SECTION 3 – SPECIFY TYP	E OF ACTION(S). CH	IECK ALL THA	T APPLY TO 1	THIS REQUE	ST.		
Deactivate Supplier Profile (	Enter justification in Se	ction 5)					
Reactivate Supplier Profile							
Non- 1099 Applicable	1099 Applicable	1099-N	1099-M	Enter Code			
Add <u>New</u> Bank Account (Mu	st complete Section 2)						
Change <i>Existing</i> Bank Accou	nt (Must complete Sec	tion 2)					
FEI/TIN Change (Cannot be	changed if 1099 applica	ble)					
Supplier (Business) Name Ch	nange						
Add <u>Additional</u> Business Add	dress						
Change <u>Existing</u> Business Ad	ldress						
Other (Provide Details in Sec	ction 5)						
SECTION 4 – TYPE OF BUS							
BUSINESS CERTIFICATIO  *Small Business						RISE (51% Owned	
GA Resident Business	Women Owner Minority Busir		Asian An	: – Latino nerican	African Ameri Pacific Islande	<u> </u>	e American pplicable
•					_		
*Based on Georgia law (OCGA 50-5- either less than 300 employees OR I				dently owned an	d operated. Addit	ionally, such busine	ss must have
etther less than 500 employees of the	css than \$50 mmon in gro	33 receipts per ye	ui.				
CECTION E ADDITIONAL	CLIDDLIED COMMA	NTC /Doguiss	ad if "Othor"	or "Desetive	ato" how cho	akad in Castia	• 2\
SECTION 5 – ADDITIONAL	SUPPLIER COIVINE	ivis (Kequire	ed if Other (	or Deactiva	ate box cne	cked in Section	<mark>1 3)</mark>