

SECTION 3 – SPECIFY TYPE OF ACTION(S). CHECK ALL THAT APPLY TO THIS REQUEST.

<input type="checkbox"/>	Deactivate Supplier Profile (Enter justification in Section 5)
<input type="checkbox"/>	Reactivate Supplier Profile
<input type="checkbox"/>	1099 Applicable. Enter Code _____
<input type="checkbox"/>	Add <u>New</u> Bank Account (Must complete Section 2)
<input type="checkbox"/>	Change <u>Existing</u> Bank Account (Must complete Section 2)
<input type="checkbox"/>	FEI/TIN Change (Cannot be changed if 1099 applicable)
<input type="checkbox"/>	Supplier (Business) Name Change
<input type="checkbox"/>	Add <u>Additional</u> Business Address
<input type="checkbox"/>	Change <u>Existing</u> Business Address
<input type="checkbox"/>	Other (Provide Details in Section 5)

SECTION 4 – TYPE OF BUSINESS (Check All That Apply)

BUSINESS CERTIFICATIONS – CHECK ALL THAT APPLY

<input type="checkbox"/>	*Small Business	<input type="checkbox"/>	Women Owned
<input type="checkbox"/>	GA Resident Business	<input type="checkbox"/>	Minority Business Certified

MINORITY BUSINESS ENTERPRISE (51% Owned):

<input type="checkbox"/>	Hispanic – Latino	<input type="checkbox"/>	African American	<input type="checkbox"/>	Native American
<input type="checkbox"/>	Asian American	<input type="checkbox"/>	Pacific Islander	<input type="checkbox"/>	Not Applicable

*Based on Georgia law (OCGA 50-5-21) (3) "Small Business" means any business which is independently owned and operated. Additionally, such business must have either less than 300 employees OR less than \$30 million in gross receipts per year.

SECTION 5 – ADDITIONAL SUPPLIER COMMENTS (Required if "Other" or "Deactivate" box checked in Section 3)



SUPPLIER (VENDOR) MANAGEMENT FORM

INSTRUCTIONS FOR SUPPLIERS

SECTION 1- SUPPLIER IDENTIFICATION

This section **MUST** be completed in its entirety, unless otherwise indicated in the description boxes below.

SUPPLIER NAME	Required. If requesting to change name, enter the new supplier name.
FEI/SSN/TIN	Required. If requesting to change, enter the new FEI/TIN and include updated W9.
PAYMENT ALT NAME	Optional. 1. Complete if payments should use a different name than is indicated above. 2. If requesting to change ALT name, enter the new ALT name.
ADDRESS/CITY/STATE/ZIP/COUNTRY	Required. If requesting to change address, enter the new address.
DRIVER'S LICENSE #/DL STATE	Optional.
PHONE NUMBERS	Required. Enter the direct number to the authorized business contact person.
CONTACT EMAIL	Optional.

SECTION 2- BANK ACCOUNT INFORMATION

This section **MUST** be completed in its entirety, for all new suppliers and banking changes/additions for existing suppliers. Payments will be made electronically via the Automated Clearing House (ACH).

ROUTING #	Required.
BANK ACCOUNT #	Required.
GENERAL BANK ACCOUNT	Required if <u>ALL payments</u> from <u>ALL agencies</u> should be submitted to account listed above.
SPECIFIC PURPOSE	Required if bank account should be designated for <u>specific purpose</u> such as grants, operating accts, pre-k, etc.
PYMT REMIT EMAIL	Optional, but Recommended to receive notification of payment(s) processed. Enter the email address where payment notifications should be sent.
PRINTED NAME OF COMPANY OFFICER	Required.
SIGNATURE OF COMPANY OFFICER	Required. Electronic signatures are permitted.
DATE	Required. Must be current.

SECTION 3- SPECIFY TYPE OF ACTION(S)

Select all items that pertain to this request. **If no selection is made, the form will be rejected.**

DEACTIVATE SUPPLIER PROFILE	Select if requesting to deactivate your supplier profile. A justification MUST be typed in Section 5.
REACTIVATE SUPPLIER PROFILE	Select if requesting to reactivate an inactive supplier profile.
1099 APPLICABLE	If requesting to be 1099 applicable, check the box and enter code on the line.

ADD NEW BANK ACCOUNT (New suppliers or existing suppliers, new to ACH payments)	Select when requesting to add bank account information to your profile. Must also complete Section 2 of form.
CHANGE EXISTING BANK ACCOUNT	Select if requesting to <u>change</u> the current banking information in your profile. Must also complete Section 2 of form.
FEI/TIN CHANGE <i>*If 1099 applicable, the FEI/TIN cannot be changed*</i>	Select if changing FEI/TIN. Enter <u>new number</u> in Section 1 and submit current, updated W9. <i>*If 1099 applicable, the FEI/TIN cannot be changed</i>
SUPPLIER (Business) NAME CHANGE	Select if changing supplier/business name. Enter <u>new name</u> in Section 1 of form. Must submit current, updated W9.
ADD ADDITIONAL ADDRESS	Select if adding an <i>additional</i> business address to your profile. Enter additional address in Section 1 of form.
CHANGE EXISTING ADDRESS	Select if changing current business address. Enter <u>new address</u> in Section 1.
OTHER (Provide details in Section 5)	Select if requested action is <i>not</i> listed above. Must provide request details in Section 5.

SECTION 4- TYPE OF BUSINESS

This section should only be completed if applicable. Please review category definitions below.

BUSINESS CERTIFICATIONS	
SMALL BUSINESS	Based on Georgia law (OCGA 50-5-21) (3) "Small business" means any business which is independently owned and operated. Additionally, such business must have either less than 300 employees OR less than \$30 million in gross receipts per year.
GEORGIA RESIDENT BUSINESS	Based on Georgia law (OCGA 50-5-121) (2) "Georgia resident business" means any business that regularly maintains a place from which business is physically conducted in Georgia for at least one year prior to any bid or proposal to the state or a new business that is domiciled in Georgia and which regularly maintains a place from which business is physically conducted in Georgia; provided, however, that a place from which business is conducted shall not include a post office box, a leased private mailbox, site trailer, or temporary structure.
MINORITY BUSINESS CERTIFIED	Companies desiring to certify as a "minority business enterprise" or a "minority subcontractor" may do so by first submitting an application for the Disadvantaged Business Enterprise (DBE) Certification to GDOT. Only suppliers who have successfully completed the DBE certification process and registered in Team Georgia Marketplace are listed as a "Certified Minority Business Enterprises".
WOMEN OWNED	Woman-owned businesses are not considered minority businesses in the State of Georgia.

SECTION 5 -ADDITIONAL SUPPLIER COMMENTS

Required. This section MUST be completed if "Deactivate" or "Other" is selected in Section 3.