

SUPPLIER (VENDOR) MANAGEMENT FORM

Agency Vendor Liaisons MUST review this form to ensure the supplier has completed the appropriate highlighted sections 2-5.

Agency Vendor Liaisons MUST complete the "AGENCY LIAISON USE ONLY" section prior to submission to SAO.

SECTION 1 – STATE OF GE	ORGIA-	AGENC	Y LIA	ISON	USE	ONL	Y									
			CHE	CK OI	NE A	ND E	NTER	ID N	IUMB	ER						
Newly Assigned Supplie	r ID															
Existing TeamWorks Sup	plier ID															
	SPECIF	Y TYPE	OF AC	CTION	N(S) I	REQU	ESTE) BY	SUPP	LIER (\	'ENDOF	₹)				
Change Bank Acct - Loc#																
Change Address - #																
Classification Change																
HCM Vendor																
Statewide Contract (DO	AS Use O	nly)														
Other (Provide Details in	Section 6	5 and Init	tial)													
y my signature, I certify that is sociated with the supplier initialized.	name a	nd Tax I	D liste	d abo	ve.					nation 1	Age	ncy BL		ite, tru	ıe, ar	ıd is
Signature:										N	Date	e:				
mail:									r	hone:						
UPPLIER NAME: AYMENT ALT NAME: (IF PA DDRESS:	AYABLE TO	O DIFFER	RENT NA	AME)												
CITY:								TAT	E:		ZIP C	ODE:				
OUNTRY:				DF	RIVE	RS LIC	ENSE	#:				DL	STATE:			
RIMARY#:			EXT	<u></u> Γ:		SEC	COND	4RY#	‡ :					EX	Γ:	
OLINE CELL (USE	FOR IDEN	ITITY VERI	FICATIO	N)		LAN	NDLINE				CELL	(USE	D FOR IDEI	NTITY V	ERIFIC	ATION)
CONTACT EMAIL:																
ECTION 3 – BANK ACCOL	INT INF	ORMAT	TION (REQUIRE	D FOR AL	LL NEW SU	JPPLIERS (OR BANI	(ING CHAN	GES/ADDS F	OR EXISTING	SUPPLIERS)	SUPPLII	ER US	ΕΟΛ	ILY
OUTING #						ACCC	DUNT	#								
Check here if General Check here if this acco					•				eorgia 	agenci						
											Descril	oe specific	purpose			
			ACC	DUNT	S REC	CEIVA	BLE N	OTIF	CATIO	N						
YMT REMIT EMAIL:																
YMT REMIT EMAIL:																
authorize the State of Georgia to deposi nis agreement is to remain in full effect u esponsibility of the vendor or individual wnership.	until such tin	me as chang	ges to the	bank a	ccount	informa	tion are	ubmit	ted in wri	iting by the	vendor or i	individual	named belo	w. It is th	e sole	
rinted Name of Company Officer				Sign	nature	of Con	npany C	fficer					Date			

SI	ECTION 4 – SPECIFY T	YPE	OF ACTION(S). C	HEC	K ALL THA	AT A	PPLY TO 1	THIS REQUE	ST.			
Deactivate Supplier Profile (Enter justification in Section 6)												
	Reactivate Supplier Profile											
	Non- 1099 Applicable		1099 Applicable		1099-N		1099-M	Enter Code				
	Add <u>New</u> Bank Account (Must complete Section 3)											
	Change <u>Existing</u> Bank Account (Must complete Section 3)											
	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 6)											
SE	CTION 5 – TYPE OF B											
1 1	BUSINESS CERTIFICAT	TION			LY	_			-	S ENTERPRISE (51% Owned):		
	*Small Business GA Resident Business		Women Own		Cartified		Asian An	- Latino	_	ican American Native America ific Islander Not Applicable		
1 1	da Resident Business		Willionty Bush	11033	certified	L	Asiaii Aii	Herican	rac	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.											
eit	either less than 300 employees OK less than \$30 million in gross receipts per year.											
c F	CTION C ADDITION	A.I. C	LIDDLIED COLARAI	- N I - T	c /pi	! :6	((Othern))	((D+i)-	_ + _ !!	have alreading Continue (1)		
SE	CHON 6 - ADDITION	AL S	OPPLIER COMM	ENI	S (Kequire	ea IT	Other	or "Deactiv	ate	box checked in Section 4)		
								State	Acco	unting Office Revised 03-2021		