



VENDOR/CONTRACTOR INFORMATION FORM

INSTRUCTIONS: (Please Print or Type) All information on this form must be completed. Failure to complete any section may result in your organization not becoming a part of the Housing Authority of Fulton County's vendor listing. For any items which do not apply, please print or type "Not Applicable" in the appropriate space.

VENDOR/CONTRACTOR INFORMATION	OWNERSHIP COMPOSITION
1. Company Name: _____ 2. Street Address: _____ 3. Building/Room: _____ 4. City: _____ 5. State/Zip Code: _____ 6. Sales Representative: _____ 7. Telephone Number: _____	A. Ownership- 50% or more of business owned and controlled by female(s): <input type="checkbox"/> Yes <input type="checkbox"/> No B. Ownership- 50% or more of business owned and controlled by (Check appropriate box): 1. <input type="checkbox"/> White 2. <input type="checkbox"/> Black 3. <input type="checkbox"/> American Indian 4. <input type="checkbox"/> Spanish-American (Hispanic) 5. <input type="checkbox"/> Oriental (Asian) 6. <input type="checkbox"/> Other (specify) C. Minority Business Certification <input type="checkbox"/> Yes <input type="checkbox"/> No (Please submit copy of Certification)
ORGANIZATION INFORMATION	
Business organized as (check one): 1. <input type="checkbox"/> Corporation 2. <input type="checkbox"/> Partnership 3. <input type="checkbox"/> Sole Proprietorship 4. <input type="checkbox"/> Non-Profit Organization 5. <input type="checkbox"/> Other (specify)	
BUSINESS IDENTIFICATION INFORMATION	TERMS INFORMATION
1. Federal Employer I.D. No. _____ 2. Professional License No. _____ 3. Corporation Registered with Secretary of the State of Georgia? <input type="checkbox"/> Yes <input type="checkbox"/> No	1. HAFC Terms are NET 30 days.
SOLE PROPRIETORSHIP/PARTNERSHIP INFORMATION	
PRINCIPAL'S NAME 1. _____ 2. _____ 3. _____ 4. _____	SOCIAL SECURITY NOS. _____ _____ _____ _____
FOR SUBSIDIARIES OR DIVISIONS	REMITTANCE INFORMATION
1. Parent Company Name: _____ 2. Street Address: _____ 3. Building/Room: _____ 4. City: _____ 5. State/Zip Code: _____ 6. Telephone Number: _____ 7. Federal Employer I.D. No.: _____	1. Street Address: _____ 2. Building/Room: _____ 3. City: _____ 4. State/Zip Code: _____ 5. Sales Representative: _____ 7. Telephone Number: _____

Years engaged in current business _____

Number of customers currently served _____

Have the principals of the firm previously engaged in business with HAFC? Yes No

Has the firm ever failed to meet its obligations for a purchase? Yes No

Has the firm ever filed for bankruptcy or reorganization? Yes No

Has the firm ever been debarred, suspended or ineligible from doing business with any Federal, State or municipality entity? Yes No

Is the firm currently experiencing any financial difficulties or involved in any legal matters which could effect its obligations to HAFC if purchase (s) were awarded? Yes No

Has any of the firm's officers or employees new or for the preceding two (2) years, had any financial or personal interest whatever, whether direct or indirect, in the Authority or any of its member, official of the Authority? Yes No

If an affirmative answer is given for question number 4, provide the name(s) of the firm that engaged in business with HAFC. If an affirmative answer is given for any of the questions for items five through nine, give a complete explanation of the circumstances. Use continuation sheets, if necessary:

CERTIFICATION

The undersigned hereby certify that the information provided on this form is complete and accurate statement and is authorized to provide this information.

AUTHORIZED SIGNATURE

TITLE

DATE

TELEPHONE NO.

To be completed by Housing Authority of Fulton County:

PROCESSED BY: (FOR AUTHORITY USE ONLY)

IDENTIFICATION CODES (FOR AUTHORITY USE ONLY)

PURCHASING AGENT

DATE

1. Vendor Number _____