



Vendor Set-up Form

To be filled out by vendor ONLY

4273 Wendell Drive • Atlanta, GA 30336 • Phone: (404-588-4950) • Fax: (404) 472-3472

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.

Please fill out completely. An incomplete form will create a delay in our payment(s) to you and your payment(s) could be subject to the IRS required back-up withholding.

Vendor Name:			Vendor Type: <input type="checkbox"/> New Vendor <input type="checkbox"/> Reactivate Vendor <input type="checkbox"/> Address Change		
			Remittance Address:		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Email Address:		Phone Number:	Ext.	Accounts Receivable Contact: Ext.	

Vendor Type: (Check the appropriate box)

Corporation Partnership Sole Proprietorship Non-Profit Other (specify)

Check One: This business is

Minority Owned Women Owned Both Minority and Women Owned Neither

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

CERTIFICATION

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

Authorized Signature _____ Title _____ Date _____ Telephone No. _____

To be completed by The Housing Authority of Fulton County

Processed By: (For Authority Use Only)		Identification Codes (For Authority Use Only)	
Operations Agent _____	Date _____	1. Vendor Number _____	