

City of Commerce

PO Box 348
 Commerce, Georgia 30529
www.commercega.gov



VENDOR REGISTRATION FORM

COMPANY CONTACT

COMPANY NAME		MAILING ADDRESS	
TELEPHONE			
FAX			
EMAIL		WEBSITE	
POINT OF CONTACT NAME & TITLE		CONTACT EMAIL	
CONTACT PHONE 1		CONTACT PHONE 2	

COMPANY OVERVIEW

GENERAL DETAILS OF SERVICES / GOODS			
DATE COMPANY ESTABLISHED		GROSS ANNUAL SALES	
GEOGRAPHIC SERVICE AREA		LEGAL STRUCTURE	
BUSINESS TYPE		YEARS PREVIOUSLY REGISTERED	
INSURED?		BONDED?	
LICENSED?		LICENSE NUMBER	
ADDITIONAL INFO			

BANKING INFORMATION

BANK NAME		BANK ADDRESS	
BENEFICIARY NAME			
ACCOUNT NUMBER			

CERTIFICATION

I hereby affirm that all information supplied is true and accurate to the best of my knowledge and belief, and I understand that this information will be considered material in the evaluation of quotations, bids, and proposals. Notice must be given of any change in status impacting the information provided within ten (10) days of said change.

PRINTED / TYPED NAME		TITLE	
SIGNATURE		DATE	