



Dear Vendor;

We are requiring the following information:

Company Name _____

Organization Type Corporation Partnership LLC
 Individual Other (explain _____)

Mailing Address _____

Phone # _____ **Fax #** _____

Contact Person _____ **Email** _____

Taxpayer ID# _____ **Minority Owned Yes** **No**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number.
- Neither I nor a direct family member has a conflict of interest with the University.
- Purchase order must be received prior to purchasing materials or providing service or payment will not be made.
- Purchase order number must be referenced on invoice sent to Athens State University.
- I understand payment terms are 30 days. (Unless otherwise agreed upon or negotiated)
- I am licensed to conduct business in Alabama.
- I have reviewed the Vendor Disclosure Act 2001-955 requiring disclosure statement for proposals, bids, and contracts in excess of \$5,000. I understand all required documents must be submitted before payment can be made.

Signed _____ Date _____

Printed Name _____ Title _____

Please Fax completed form to 256.216.3306 or email to business.office@athens.edu

BUSINESS OFFICE USE ONLY

GOAMTCH

Match Found

New Vendor

Banner Vendor ID Number: _____