

VENDOR APPLICATION

CITY OF JOHNS CREEK

PURCHASING DIVISION

12000 Findley Rd. Suite-400
Johns Creek, GA 30097

TELE: (678) 512-3233
FAX: (678) 512-3244

E-MAIL: john.henderson@johnscreekga.gov

New Applicant

Name and/or Address Change

Add Commodities

Delete Commodities

ADDRESS: (COMPLETE NAME OF BUSINESS)		FEDERAL I.D.# OR SOCIAL SECURITY #:
MAILING ADDRESS:	REMITTANCE ADDRESS:	
CITY/STATE/ZIP:	ZIP CODE:	
TELEPHONE NUMBER:	FAX NUMBER:	
NAME OF REPRESENTATIVE(S) SERVING THE CITY OF JOHNS CREEK: _____		
CAN WE REQUEST QUOTES/COMMUNICATE VIA E-MAIL? YES NO IF SO, PLEASE INDICATE E-MAIL ADDRESS: _____		
TYPE OF BUSINESS OR ORGANIZATION (CHECK):		LENGTH OF TIME IN PRESENT BUSINESS (NUMBER OF YEARS):
DEALER	MANUFACTURER	FACTORY REP.
JOBBER	RETAILER	COMMODITY
INDIVIDUAL	PARTNERSHIP	INCORPORATED
MINORITY	SMALL BUSINESS	OTHER _____
NAME OF OFFICERS, OWNERS OR PARTNERS OF BUSINESS:		
PRESIDENT _____	VICE-PRESIDENT: _____	
SECRETARY: _____	TREASURER: _____	
OWNERS/PARTNERS: _____		
DISTRIBUTION (LOCATION OF NEAREST PLANT/WAREHOUSES)	INVOICING TERMS (i.e. NET 30 DAYS, ETC.)	
_____	_____	
ATTN: ALL ITEMS FOR THE CITY OF JOHNS CREEK MUST BE QUOTED F.O.B. DESTINATION		
NAME AND TITLE OF PERSONS AUTHORIZED TO SIGN BIDS. THE LIST MUST BE KEPT CURRENT		
_____	TITLE: _____	
_____	TITLE: _____	
_____	TITLE: _____	
PLEASE INDICATE ON THE ATTACHED LIST OF COMMODITIES/SERVICES FOR WHICH YOUR COMPANY IS INTERESTED IN SUBMITTING QUOTES, BIDS AND PROPOSALS		
IT WILL BE THE RESPONSIBILITY OF EACH BIDDER TO NOTIFY THE CITY OF JOHNS CREEK OF ADDRESS OR TELEPHONE NUMBER CHANGES. PLEASE SEND CHANGES AND THIS COMPLETED FORM TO: CITY OF JOHNS CREEK – PURCHASING DIVISION 12000 Findley Rd., Suite-400 Johns Creek, GA 30097		
I certify that the foregoing information is a full, true and correct statement of facts. I understand that my failure to respond to three (3) Bid Invitations of any one class will result in the City of Johns Creek Purchasing Division discontinuance in sending future bid invitations on that particular commodity.		
SIGNATURE	TITLE	DATE

PLEASE PROVIDE SIGNED COPY OF W-9 WITH APPLICATION