



LOWNDES COUNTY
FINANCE DEPARTMENT

327 N. ASHLEY ST.
VALDOSTA, GA 31601
TELEPHONE (229) 671-2527
FAX (229) 671-2597

VENDOR LIST APPLICATION FORM

Please provide the following information to be eligible for placement on the Vendor List. Questions may be directed to Purchasing Department, 229-671-2527 or email awoods@lowndescounty.com. You will be notified of any bids or advertising in your General Category.

Send completed form by email, fax or mail.

Please print or type

Business Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Contact Name _____ Telephone _____ Fax _____

Email _____ Lowndes County Business License No. _____

Federal Tax ID No. _____ or Social Security No. _____

Company Ownership

Individual/Sole Proprietor LLC Corporation S Corp

Partnership other (specify) _____

Certification: Under penalties of perjury, I certify that the taxpayer identification number(s) and all other information provided herein are correct

Name (print)

Signature of Company Officer

General Categories

- | | | |
|--|--|---|
| <input type="checkbox"/> Professional Services | <input type="checkbox"/> Office Supplies/Furniture | <input type="checkbox"/> Computer Supplies/Equip |
| <input type="checkbox"/> Machinery Equipment | <input type="checkbox"/> Construction Supplies | <input type="checkbox"/> Automotive Parts/Repairs |
| <input type="checkbox"/> Automotive Vehicles | <input type="checkbox"/> HVAC System/Maintenance | <input type="checkbox"/> Electrical Parts/Maintenance |
| <input type="checkbox"/> Fire Protection/Equip | <input type="checkbox"/> Road & Highway Equip | <input type="checkbox"/> Telecommunication Equip |
| <input type="checkbox"/> Police Equip/Supplies | <input type="checkbox"/> Other | |

List specific supplies, material, equipment and/or services you wish to provide Lowndes County:

Has this company ever been disqualified by any public agency from participation in public contracts?

No _____ Yes _____ please explain _____

INSURANCE REQUIREMENTS

Based on the scope of work and/or the type of service, there may be certain requirements for insurance. Requirements will be notated in all bid documents and vendors must meet the requirements to qualify for consideration.

I certify that the above and attached information is correct, and that there are no known personal and/or organizational conflicts of interest, which are prohibited by law:

Authorized Signature _____ Title _____ Date _____