



**CITY OF WAYCROSS, GEORGIA**  
 P.O. Drawer 99 – 417 Pendleton Street – Waycross, GA 31502-0099  
 Tele (912) 287-2957 – Fax (912) 287-2990 – [www.waycrossga.com](http://www.waycrossga.com)

## VENDOR APPLICATION FORM

Date: \_\_\_\_\_ Business License No: \_\_\_\_\_

Company Name: \_\_\_\_\_ No. of Years in Business: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Contact Name/Title: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

Taxpayer I.D. # or S.S. #: \_\_\_\_\_

Products/Services Offered: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Plax an "x" beside the description(s) that best describe your organization:

_____ Minority	_____ Women	_____ Dealer
_____ Ware Co. Local Business	_____ Retail	_____ Incorporated
_____ Small	_____ Partnership	

*Owners/Officers*

NAME	TITLE	SIGNATURE
_____	_____	_____
_____	_____	_____
_____	_____	_____

*I certify that the information that is stated above is factual and true and the taxpayer identification or social security number is correct:*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN THIS FORM TO:** *(Along with current W-9)*

**City Of Waycross**  
**Attn: Purchasing Department**  
**P.O. Drawer 99, 417 Pendleton Street**  
**Waycross, Georgia 31502**  
**Fax: (912) 287-2990**

**FOR CITY USE ONLY:**

*W-9 Completed* \_\_\_\_\_ *Vendor#:* \_\_\_\_\_  
*Vendor Code:* \_\_\_\_\_