



**City of South Fulton (COSF)
Purchasing Department**

Vendor Application Form

Company Name: _____

Federal ID or Social Security: _____

Type of business or organization: _____

Company Street Address: _____

Remittance Address: _____

City: _____ State: _____ Zip: _____

Country: _____ Contact Name: _____

Co. Telephone: _____ Contact Phone Number: _____

Country: _____ Contact Email Address: _____

Email Address to receive purchase orders: _____

Are you a 1099-Recipient? Yes No

Are you or any member of your family an employee of COSF? Yes No

If yes, please provide the name and position of the COSF employee(s): _____

Names of officers, owners, partners of the company: _____

ATTN: City of South Fulton is exempt from paying sale taxes. All items for the City of South Fulton must be quoted F.O.B. destination.

Payment terms: (e.g. Net 30 days) _____

NOTE: I thereby certify that the forgoing information is a full, true and correct statement of facts.

You must accept the terms of this agreement in order to apply as a vendor with COSF. By submitting the vendor application forms, you certify and warrant that you are duly authorized, by the vendor to (1) register the vendor; (2) file on behalf of the vendor all of the information requested in this application process; and (3) enter into this agreement on behalf of the vendor. By submitting this electronic vendor registration, you hereby agree on behalf of the vendor and for the benefit of each agency and public body that:

1. The vendor shall update the vendor's application information whenever necessary to ensure that the registration information remains accurate and up to date at all times.
2. The vendor hereby warrants that the information provided by the vendor through this application process shall at all times be accurate, complete and up to date. The vendor further warrants that each agency and public body shall be entitled at all times to rely conclusively on the currency, accuracy and completeness of the information the vendor has provided through this application process as of that date even if different information is or has been available to or received by agency or public body personnel through means other than the COSF application process.
3. I agree that (a) I am a U.S. person (including a U.S. resident alien) or a representative of a U.S. entity; and (b) the number shown on this form is the correct taxpayer identification number for my/our organization. This agreement shall remain in effect for as long as the vendor is registered as a COSF vendor. ALL RIGHTS RESERVED TO CANCEL THE VENDOR'S APPLICATION AT ANY TIME. In the event the vendor's application is cancelled, the vendor shall remain bound to this agreement in regard to completion of any contract, purchase order or other electronic procurement transaction that was made or administered in whole or in part using COSF.

Agree _____ Disagree _____

Signature of authorized company representative;

Print Name

Title

Signature

Date

Company Name

Thank you for your interest in doing business with the City of South Fulton. To complete the application process, you must complete and submit this form along with providing your company's **W-9**, and the appropriate **"Illegal Immigration Reform and Enforcement Act of 2011" form(s)**.

Email all forms as one (1) pdf document to Purchasing@cityofsouthfultonga.gov

City of South Fulton
Contractor Affidavit under O.C.G.A. § 13-10-91(b)(1)

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services on behalf of the City of South Fulton has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.G.A. § 13-10-91(b). Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

EEV Number (Federal Work Authorization User Identification Number)

Date of Authorization

Name of Contractor

Name of Project

Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, __, 201__ in _____(city), _____(state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 201__.

NOTARY PUBLIC

My Commission Expires:

City of South Fulton
Subcontractor Affidavit under O.C.G.A. § 13-10-91(b)(3)

By executing this affidavit, the undersigned subcontractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services under a contract with _____ (name of contractor) on behalf of the City of South Fulton has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned subcontractor will continue to use the federal work authorization program throughout the contract period and the undersigned subcontractor will contract for the physical performance of services in satisfaction of such contract only with sub-subcontractors who present an affidavit to the subcontractor with the information required by O.C.G.A. § 13-10-91(b). Additionally, the undersigned subcontractor will forward notice of the receipt of an affidavit from a sub-subcontractor to the contractor within five business days of receipt. If the undersigned subcontractor receives notice that a sub-subcontractor has received an affidavit from any other contracted sub-subcontractor, the undersigned subcontractor must forward, within five business days of receipt, a copy of the notice to the contractor. Subcontractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

EEV Number (Federal Work Authorization User Identification Number)

Date of Authorization

Name of Subcontractor

Name of Project

Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, __, 201__ in _____(city), _____(state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 201__.

NOTARY PUBLIC

My Commission Expires:

City of South Fulton
Sub-subcontractor Affidavit under O.C.G.A. § 13-10-91(b)(4)

By executing this affidavit, the undersigned sub-subcontractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services under a contract for _____ (name of subcontractor or sub-subcontractor with whom such sub-subcontractor has privity of contract) and _____ (name of contractor) on behalf of the City of South Fulton has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned sub-subcontractor will continue to use the federal work authorization program throughout the contract period and the undersigned sub-subcontractor will contract for the physical performance of services in satisfaction of such contract only with sub-subcontractors who present an affidavit to the sub-subcontractor with the information required by O.C.G.A. § 13-10-91(b). The undersigned sub-subcontractor shall submit, at the time of such contract, this affidavit to _____ (name of subcontractor or sub-subcontractor with whom such sub-subcontractor has privity of contract). Additionally, the undersigned sub-subcontractor will forward notice of the receipt of any affidavit from a sub-subcontractor to _____ (name of subcontractor or sub-subcontractor with whom such sub-subcontractor has privity of contract). Sub-subcontractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

EEV Number (Federal Work Authorization User Identification Number)

Date of Authorization

Name of Subcontractor

Name of Project

Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, _____, 201__ in _____(city), _____(state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 201__.

NOTARY PUBLIC

My Commission Expires:
