

Sequoyah Regional Library System
Finance Department
116 Brown Industrial Parkway
Canton, GA 30114
770-479-3090 x 231
770-479-3069 fax

**Return completed form with W-9,
E-Verify affidavit and Certificate of
Insurance by fax, mail, attention
Accts Payable (Payment request may
be refused if these documents are not
on file)**

Vendor Name: _____
(If individual, enter last name first)

Mailing Address

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Contact Name: _____ Website: _____

Payment/Remit Address (if different from above)

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Contact Name: _____ Email: _____

Principal line of business: _____

Is this company incorporated? YES NO *(1099 will be issued for unincorporated vendors with payments exceeding amount determined by the IRS)*

Number of Employees _____

Signature and Name of Person(s) authorized to sign Bids and Contracts:

Official Title

Telephone

Standard Payment Terms: _____

Return/refund Policy: _____

I certify that the information I have provided on this form is accurate and current.

Signed _____ **Date** _____