



Bidder/Vendor Application

CITY OF TIFTON

Purchasing Division

Any vendor doing business with the city of Tifton may be required to provide a City of Tifton's Business license number and/or State Contractors License Number.

A W-9 Form will be required prior to adding your company to City of Tifton's Vendor/Bidder's List.

FEDERAL TAX ID NUMBER/SSS NUMBER: _____

NUMBER OF YEARS IN BUSINESS: _____

BUSINESS LICENSE NUMBER _____ STATE CONTRACTOR'S LICENSE NUMBER: _____

COMPLETE NAME OF BUSINESS: _____

MAILING ADDRESS: _____

REMITTANCE ADDRESS: _____

CITY/STATE/ZIP/WEBSITE: _____

TELEPHONE NUMBER/FAX NUMBER: _____

CONTACT PERSON/E-MAIL ADDRESS: _____

NAME OF THE REPRESENTATIVE SERVING THE CITY OF TIFTON: _____

PAYMENT METHOD VIA: _____ CHECK

_____ ACH (PLEASE PROVIDE BANK INFORMATION)

TYPE OF ORGANIZATION: (CHECK APPLICABLE TYPE)

- | | | |
|---------------------------------------|-----------------------------------------|---------------------------------------|
| <input type="checkbox"/> DEALER | <input type="checkbox"/> PARTNERSHIP | <input type="checkbox"/> OTHERS _____ |
| <input type="checkbox"/> MANUFACTURER | <input type="checkbox"/> INCORPORATED | <input type="checkbox"/> RETAILER |
| <input type="checkbox"/> FACTORY REP | <input type="checkbox"/> INDIVIDUAL | <input type="checkbox"/> JOBBER |
| <input type="checkbox"/> MINORITY | <input type="checkbox"/> SMALL BUSINESS | |

INSURANCE REQUIREMENTS(IF APPLICABLE): PLEASE INCLUDE COPY OF CURRENT CERTIFICATE OF LIABILITY OR INSURANCE DECLARATION PAGE SHOWING INSURANCE COVERAGE AND LIMITS.

NAME AND TITLE OF PERSONS AUTHORIZED TO SIGN BIDS. THE LIST MUST BE KEPT CURRENT

_____	TITLE: _____
_____	TITLE: _____
_____	TITLE: _____

ATTENTION: ALL ITEMS FOR THE CITY OF TIFTON MUST BE QUOTED F.O.B. DESTINATION AND INVOICING TERMS IS NET 30 DAYS.

IT WILL BE THE RESPONSIBILITY OF EACH BIDDER TO NOTIFY THE CITY OF TIFTON OF ADDRESS OR TELEPHONE NUMBER CHANGES. PLEASE SEND CHANGES AND THIS COMPLETED FORM TO:

***** CITY OF TIFTON – HPCPEGFGRV
130 E 1ST STREET.'RQ0DQZ'44;
TIFTON, GA. 31794

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 Tifton's Purchasing Division discontinuance in sending future bid invitations on that particular commodity.

AUTHORIZED SIGNATURE: _____

TITLE: _____ DATE: _____

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

VENDOR/CONTRACTOR AFFIDAVIT AND AGREEMENT

(This form should be fully completed & returned with your submittal)
SB 529, SECTION 2: GEORGIA SECURITY & IMMIGRATION COMPLIANCE ACT OF 2006

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A § 13-10-91 and Georgia Department of Labor Rule 300-10-1-.02, stating affirmatively that the individual, firm, or corporation which is contracting with the City has registered with and is participating in a federal work authorization program commonly known as E-Verify, in accordance with the applicability provisions and deadlines established in O.C.G.A. § 13-10-91 and Georgia Department of Labor Rule 300-10-1-.02.

The undersigned contractor further agrees that, should it employ or contract with any subcontractor(s) in connection with the physical performance of services pursuant to the contract with the City of Tifton, Georgia, of which this affidavit is a part, the undersigned contractor will secure from such subcontractor(s) similar verification of compliance with O.C.G.A § 13-10-91 and Georgia Department of Labor Rule 300-10-1-.08 or a substantially similar subcontractor affidavit. The undersigned contractor further agrees to maintain records of such compliance and provide a copy of each such verification to the City of Tifton at the time the subcontractor(s) is retained to perform such service.

EEV / E-Verify ID Number

Date of Authorization

By: Authorized Officer or Agent

Date

Printed Name of Authorized Officer or Agent

Title of Officer or Agent

Contractor Name / Company Name

Sworn to and subscribed before me
This _____ day of _____, 20____

Notary Public
My Commission Expires: _____

Exemption:
By signing below, the Contractor verifies that their firm has no employees which makes them exempt from O.C.G.A. § 13-10-91. Contractor must submit a copy of a valid Driver's License with form.

Contractor Name / Company Name

Date

Signature

Printed Name