



**CAMDEN COUNTY BOARD OF COMMISSIONERS
VENDOR APPLICATION**

Date Submitted: _____

New Vendor Application

Revised Application

Vendor Number _____

RETURN THIS COMPLETED FORM TO:

Camden County Purchasing Department
200 East 4th Street, P. O. Box 99
Woodbine, Georgia 31569
kjkelley@co.camden.ga.us
Office: 912-576-6684 Fax: 912-576-1871

Vendor Information

Vendor Number:	_____
Company Name:	_____
Company Address:	_____ _____
Company Telephone Number:	_____
Company Fax Number:	_____
Contact Name:	_____
Contact Email Address:	_____
Authorized by (Typed or Printed Name)	_____ Title: _____
Authorized Signature:	_____
SSN or Federal Tax ID #:	_____
Number of Employees	_____

Remittance Information (Where Payment should be sent)

Remit to Name:	_____
Payee Remittance Address:	_____

	<i>City</i> <i>State</i> <i>Zip Code</i>

Purchase Order Information (Where Purchase Orders should be sent)

Purchase Order Vendor Name:	_____
Purchase Order Address:	_____ _____

	<i>City</i> <i>State</i> <i>Zip Code</i>
Contact:	_____ Email: _____
Payment Terms:	_____ Discount _____ % No. Days _____ Net Due: _____
Freight Terms:	_____ Ship Via: _____