

# **Haralson County Government Vendor Application Form**

Company Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Owner \_\_\_\_\_

Email \_\_\_\_\_

Social Security Number \_\_\_\_\_ Name of SSN-Owner \_\_\_\_\_

Federal Tax ID Number \_\_\_\_\_

----- COMPANY INFORMATION -----

Organization Type: Sole Owner \_\_\_ Corporation \_\_\_ Joint Venture \_\_\_

State of Incorporation? \_\_\_\_\_ Nonprofit? \_\_\_ Yes \_\_\_ No

Is your business or company insured? \_\_\_ Yes \_\_\_ No

Name of insurer \_\_\_\_\_

Is your company bonded \_\_\_\_\_ Yes \_\_\_ No

Do you carry workers compensation insurance? \_\_\_ Yes \_\_\_ No

Are you: Small Business? \_\_\_ Minority-Owned Business? \_\_\_ Veteran-Owned  
Business? \_\_\_ Woman-Owned Business? \_\_\_ Veteran Disabled-Owned Business?

**Please list the name and number of three references.**

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