

Vendor Information (Any questions, please contact Angela Freeman @ 770-270-7628)

Vendor Name: <input type="text"/>	Address Line 1: <input type="text"/>
E-mail Address: <input type="text"/>	Address Line 2: <input type="text"/>
Telephone Number: <input type="text"/>	Address Line 3: <input type="text"/>
Fax Number: <input type="text"/>	Address Line 4: <input type="text"/>
Web Site Address: <input type="text"/>	City: <input type="text"/>
Tax ID / Social Security Number: Identification Number: <input type="text"/>	State/Province: <input type="text"/>
	Postal Code: <input type="text"/>
	Country/Region: <input type="text"/>

Payment Options (Check one):

- ACH
 Vendor Payment (Visa)
 Other

Bank Name	Account Type	Routing Number	Account Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Contact Person (Finance Dept.)

Name: <input type="text"/>	E-mail Address: <input type="text"/>
Job Title: <input type="text"/>	Telephone Number: <input type="text"/>
Office Location: <input type="text"/>	Cellular Phone Number: <input type="text"/>
	Fax Number: <input type="text"/>