

Brooks County Board of Commissioners  
Vendor's Profile

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

Business Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

***This information is being requested by Brooks County Board of Commissioners***  
***FAX NUMBER: 229-263-9345***

Dear Vendor,

In order for us to establish you as an active vendor in our account payable system, please fill in the information above and below along with the attached Federal Tax Form W-9, Request for Taxpayer Identification Number and Certification, and fax to 1-229-263-9345 or email to brookscoap@windstream.net. If you have any questions, please contact Brooks County Board of Commissioners at 229-263-5561. Thank you for your help in returning these documents as some as possible.

1) Company Name: \_\_\_\_\_  
*(If different than listed above)*

2) Taxpayer ID: \_\_\_\_\_

3) Business Type  Individual/sole proprietor  Corporation  Partnership

4) Accounts Receivable Contact	Remitting Address:
_____	_____
_____	_____
_____	_____

Phone No. \_\_\_\_\_

Phone No. \_\_\_\_\_

Fax No. \_\_\_\_\_

Fax No. \_\_\_\_\_

Contract Person \_\_\_\_\_

Contact Person \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Email Address \_\_\_\_\_

5) Contact Number \_\_\_\_\_

6) A/P Clerk \_\_\_\_\_

7) Financial or County Administrator \_\_\_\_\_  
*(If different than contact above)*

Phone No. \_\_\_\_\_

Company Web Site \_\_\_\_\_

Fax No. \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Completed By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

For Brooks County Board of Commissioners Use Only:

Vendor Number Assigned: \_\_\_\_\_