

VENDOR APPLICATION
CITY OF DUNWOODY
PURCHASING DIVISION

41 PERIMETER CENTER EAST, SUITE 250
DUNWOODY, GEORGIA 30346

TELE: (678) 382-6700
FAX: (678) 382-6701

purchasing@dunwoodyga.gov

New Applicant Name and/or Address Change

COMPLETE NAME OF BUSINESS:	FEDERAL I.D.# OR SSN:	
REMITTANCE ADDRESS:		
CITY/STATE/:	ZIP CODE:	
TELEPHONE NUMBER:	FAX NUMBER:	
NAME OF REPRESENTATIVE(S) SERVING THE CITY OF DUNWOODY: _____		
E-MAIL ADDRESS: _____		
TYPE OF BUSINESS:	LENGTH OF TIME IN PRESENT BUSINESS (NUMBER OF YEARS): _____	
NAME OF OFFICERS, OWNERS OR PARTNERS OF BUISNESS: _____ _____ _____ _____		
ATTN: ALL ITEMS FOR THE CITY OF DUNWOODY MUST BE QUOTED F.O.B. DESTINATION INVOICING TERMS ARE 30 DAYS NET		
IT WILL BE THE RESPONSIBILITY OF EACH VENDOR TO NOTIFY THE CITY OF DUNWOODY OF ADDRESS OR TELEPHONE NUMBER CHANGES. PLEASE E-MAIL, FAX, OR MAIL THIS COMPLETED FORM BACK TO THE CITY OF DUNWOODY		
I certify that the foregoing information is a full, true and correct statement of facts.		
SIGNATURE	TITLE	DATE