



**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 4<sup>th</sup> Street, P. O. Box 99

Woodbine, Georgia 31569

[aharris@co.camden.ga.us](mailto:aharris@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: _____