



Please return this form to:
 Augusta State University
 Purchasing Office
 2500 Walton Way
 Augusta, Georgia 30904
 Fax: 706-737-1761

New Purchasing Vendor or Vendor Update Request

(Information to update existing Purchasing vendor)

Vendor Name: _____
 (As shown on your Income Tax Return)

Business Name: _____
 (If different from Vendor Name)

- Corporation
- Partnership
- Limited Liability Corp (LLC)
- Non-Profit Agency

Federal Taxpayer Identification Number: _____ - _____

Note: Vendors filing under Social Security Numbers should NOT use this form.

Address & Contact Information

Main / Physical Location:

Street or PO Box				
City	State	Zip		
Phone #	Fax #			
Contact Name	Title			
Contact Email Address				

Remit To Location: (if different from above)

Street or PO Box				
City	State	Zip		
Phone #	Fax #			
Contact Name	Title			
Contact Email Address				

Ordering / Purchasing Location: (if different from above)

Street or PO Box				
City	State	Zip		
Phone #	Fax #			
Contact Name	Title			
Contact Email Address				

Company Website URL: _____

Ownership:

1. Is the business a "small business enterprise", as set forth in O.C.G.A. § 50-5-120 et. seq.? Yes No

2. Is the business a "minority business enterprise", as set forth in O.C.G.A. § 50-5-130 et. seq.? Yes No

If yes, please indicate:

- () African American Male () Native American Male () Pacific Islander Male
- () African American Female () Native American Female () Pacific Islander Female
- () Hispanic/Latino Male () Asian American Male
- () Hispanic/Latino Female () Asian American Female

- Other Types:
- () NMB Non-Minority Business () NRA Non-Resident Alien
 - () UNK Unknown () GVT Government Agency
 - () CNS Consultant () CNT Contractor

Vendor Signature _____ Date _____

ASU Department Requesting/Initial _____