



# SUPPLIER (VENDOR) MANAGEMENT FORM

Agency Vendor Liaisons **MUST** review this form to ensure the supplier has completed the appropriate highlighted sections 1-5.

Agency Vendor Liaisons **MUST** complete the "AGENCY LIAISON USE ONLY" section prior to submission to SAO.

## STATE OF GEORGIA-AGENCY LIAISON USE ONLY

CHECK ONE AND ENTER ID NUMBER	
<input type="checkbox"/> Newly Assigned Supplier ID	<input type="text"/>
<input type="checkbox"/> Existing TeamWorks Supplier ID	<input type="text"/>

SPECIFY TYPE OF ACTION(S) REQUESTED BY SUPPLIER (VENDOR)	
<input type="checkbox"/> Change Bank Acct - Loc# _____	
<input type="checkbox"/> Change Address - # _____	
<input type="checkbox"/> Classification Change	
<input type="checkbox"/> HCM Vendor	
<input type="checkbox"/> Statewide Contract (DOAS Use Only)	
<input type="checkbox"/> Other (Provide Details in Section 5 and Initial)	

By my signature, I certify that all reasonable effort has been made to submit information that is complete, accurate, true, and is associated with the supplier name and Tax ID listed above.

Liaison Name: \_\_\_\_\_ Agency BU#: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## SECTION 1 – SUPPLIER IDENTIFICATION (Complete all

fields) FEI/SSN/TIN NUMBER: 13-4924710

SUPPLIER NAME: AT&T CORP

PAYMENT ALT NAME: (IF PAYABLE TO DIFFERENT NAME) \_\_\_\_\_

ADDRESS: 211 S AKARD ST

CITY: DALLAS STATE: TX ZIP CODE: 75211

COUNTRY: US DRIVERS LICENSE #: \_\_\_\_\_ DL STATE: \_\_\_\_\_

PRIMARY #: 214 721-3613 EXT: \_\_\_\_\_ SECONDARY #: \_\_\_\_\_ EXT: \_\_\_\_\_

LANDLINE  CELL  (USED FOR IDENTITY VERIFICATION) | LANDLINE  CELL  | (USED FOR IDENTITY VERIFICATION)

CONTACT EMAIL: NR6594@ATT.COM

## SECTION 2 – BANK ACCOUNT INFORMATION (REQUIRED FOR ALL NEW SUPPLIERS OR BANKING CHANGES/ADDS FOR EXISTING SUPPLIERS)

ROUTING #	<input type="text"/>	ACCOUNT #	<input type="text"/>
-----------	----------------------	-----------	----------------------

- Check here if General Bank Account can be used by ALL State of Georgia agencies making payments.
- Check here if this account can only be used for SPECIFIC purpose. \_\_\_\_\_  
 Describe specific purpose

### ACCOUNTS RECEIVABLE NOTIFICATION

PYMT REMIT EMAIL: M16184@ATT.COM

PYMT REMIT EMAIL: \_\_\_\_\_

I authorize the State of Georgia to deposit payment for goods and/or services received into the provided bank account by the Automated Clearing House (ACH). I further acknowledge that this agreement is to remain in full effect until such time as changes to the bank account information are submitted in writing by the vendor or individual named below. It is the sole responsibility of the vendor or individual to notify the State of Georgia of any changes to the bank account information. The State of Georgia independently authenticates bank account ownership.

ADAM RANGEL \_\_\_\_\_ ADAM RANGEL \_\_\_\_\_ 8/31/2020  
 Printed Name of Company Officer Signature of Company Officer Date

**SECTION 3 – SPECIFY TYPE OF ACTION(S). CHECK ALL THAT APPLY TO THIS REQUEST.**

<input type="checkbox"/>	Deactivate Supplier Profile (Enter justification in Section 5)
<input checked="" type="checkbox"/>	Reactivate Supplier Profile
<input type="checkbox"/>	1099 Applicable. Enter Code _____
<input checked="" type="checkbox"/>	Add <u>New</u> Bank Account (Must complete Section 2)
<input type="checkbox"/>	Change <u>Existing</u> Bank Account (Must complete Section 2)
<input type="checkbox"/>	FEI/TIN Change (Cannot be changed if 1099 applicable)
<input type="checkbox"/>	Supplier (Business) Name Change
<input type="checkbox"/>	Add <u>Additional</u> Business Address
<input type="checkbox"/>	Change <u>Existing</u> Business Address
<input type="checkbox"/>	Other (Provide Details in Section 5)

**SECTION 4 – TYPE OF BUSINESS (Check All That Apply)**

**BUSINESS CERTIFICATIONS – CHECK ALL THAT APPLY**

<input type="checkbox"/>	*Small Business	<input type="checkbox"/>	Women Owned
<input type="checkbox"/>	GA Resident Business	<input type="checkbox"/>	Minority Business Certified

**MINORITY BUSINESS ENTERPRISE (51% Owned):**

<input type="checkbox"/>	Hispanic – Latino	<input type="checkbox"/>	African American	<input type="checkbox"/>	Native American
<input type="checkbox"/>	Asian American	<input type="checkbox"/>	Pacific Islander	<input type="checkbox"/>	Not Applicable

\*Based on Georgia law (OCGA 50-5-21) (3) "Small Business" means any business which is independently owned and operated. Additionally, such business must have either less than 300 employees OR less than \$30 million in gross receipts per year.

**SECTION 5 – ADDITIONAL SUPPLIER COMMENTS (Required if "Other" or "Deactivate" box checked in Section 3)**

Banking data update and new product set up.