



PLEASE RETURN FORM & W-9 TO:  
 Clayton County Central Services Department  
 Contract Compliance Division  
 7994 North McDonough Street  
 Jonesboro, GA 30236  
 Fax: 770-477-3335  
 Email: [vendors@claytoncountyga.gov](mailto:vendors@claytoncountyga.gov)

## Vendor Information Update Request Form

### Company Name Change Request

**Please select one of the following reasons:**

- Change of DBA name only (legal/withholding name and EIN has not changed)
- Merged with another company
- Sold to or bought out by another Company
- Change in Business Organization (Corporation to LLC, Sole Proprietor to Partnership, etc.)
- New Owner
- Other \_\_\_\_\_

YOUR VENDOR NUMBER \_\_\_\_\_ (If unknown, please contact the office to verify 770-477-3587)

Please enter the information, as you would like it updated in the fields below.

OLD BUSINESS NAME AND INFORMATION	NEW BUSINESS NAME AND INFORMATION
LEGAL NAME (as registered with the IRS)	LEGAL NAME (as registered with the IRS)
ASSUMED NAME (doing business as)	ASSUMED NAME (doing business as)
FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN - TAX ID)	FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN - TAX ID)
BUSINESS STREET ADDRESS	BUSINESS STREET ADDRESS
CITY STATE ZIP CODE	CITY STATE ZIP CODE
MAILING ADDRESS/REMITTANCE (if different from above)	MAILING ADDRESS/REMITTANCE (if different from above)
CITY STATE ZIP CODE	CITY STATE ZIP CODE
PHONE NUMBER	PHONE NUMBER
Email Address:	Email Address:

***NOTE: If your name change has resulted in a new Tax ID issuance, you may be required to create a new vendor record by registration.***

**Electronic Fund Transfer (EFT)**

**DISCLAIMER:** YOUR USE OF THE OPTIONAL EFT SERVICE PROVIDED THROUGH THE CLAYTON COUNTY VENDOR SELF SERVICE WEBSITE IS AT YOUR OWN RISK. BY SELECTING THE EFT PAYMENT METHOD BELOW, YOU UNDERSTAND AND AGREE THAT THE EFT AND RELATED SERVICES ARE PROVIDED TO YOU ON AN "AS IS" AND "AS AVAILABLE" BASIS. TO THE FULLEST EXTENT PERMISSIBLE BY LAW, CLAYTON COUNTY DISCLAIMS ALL WARRANTIES, EXPRESS OR IMPLIED, INCLUDING, BUT NOT LIMITED TO, IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE. FURTHER, YOU UNDERSTAND THAT CLAYTON COUNTY MAKES NO REPRESENTATIONS OR WARRANTIES THAT THE EFT SERVICE PROVIDED THROUGH [HTTPS://SELFSERVICE.CLAYTONCOUNTYGA.GOV/MSS/](https://selfservice.claytoncountyga.gov/mss/) WILL BE UNINTERRUPTED OR ERROR-FREE, OR THAT DEFECTS WILL BE CORRECTED OR THAT THE TRANSACTION WILL BE ENTIRELY SECURE OR THAT THE INFORMATION YOU SHARE WITH US WILL BE SECURE. CLAYTON COUNTY DOES NOT WARRANT THAT THE SELF-SERVICE SITE, INFORMATION, CONTENT MATERIALS, SOFTWARE OR OTHER RELATED SERVICES ARE FREE OF VIRUSES OR OTHER HARMFUL COMPONENTS. TO THE FULLEST EXTENT PERMISSIBLE BY LAW, CLAYTON COUNTY WILL NOT BE LIABLE FOR ANY DAMAGES OF ANY KIND ARISING FROM THE USE OF THIS EFT SERVICE, INCLUDING BUT NOT LIMITED TO DIRECT, INDIRECT, INCIDENTAL, PUNITIVE, AND/OR CONSEQUENTIAL DAMAGES.

**Request.** Please select one of the following:

- I choose to **select** EFT as a payment method. I **have entered my bank information in my vendor record.**
- I choose to **reverse** EFT and select **printed check** as my payment method.

For security purposes, all requests for information change will be verified before approval. Please allow 5 business days for this request to be processed upon approval.

**By submitting this form, you certify that: (a) you are authorized to represent the business listed above; (b) all of the information you have provided above is true and correct; and (c) you are instructing and authorizing Clayton County Central Services to update the Business Name on your Clayton County vendor file.**

***The person signing this form must be the owner or authorized agent.***

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

\_\_\_\_\_  
Authorized Printed Name

\_\_\_\_\_  
Your Title/Position

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

FOR CLAYTON COUNTY GOVERNMENT OFFICE USE ONLY			
Request reviewed and processed :		Approved	Declined
		Comments:	
Vendor Under Contract:	Yes	No	Comments:
BOC Action Required:	Yes	No	Comments:
Central Services Reviewer Signature:			Date:
Printed Name/Title:			
Central Services Director/Assistant Signature:			Date:
Printed Name/Title:			
Finance Department Director/Designee Signature:			Date:
Printed Name/Title:			
Contracts Division Reviewer Signature:			Date:
Printed Name/Title:			