

PLEASE RETURN FORM & W-9 TO:  
 CLAYTON COUNTY CENTRAL SERVICES DEPARTMENT – CONTRACT COMPLIANCE DIVISION  
 7994 NORTH MCDONOUGH STREET  
 JONESBORO, GA 30326  
 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 by another Company
- New Owner
- Changed in Business Organization (Corporation to LLC, Sole Proprietor to Partnership, etc.)
- Other: \_\_\_\_\_

Your **VENDOR NUMBER**: \_\_\_\_\_ (if unknown, please contact the office to verify at 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
TELEPHONE NUMBER	TELEPHONE 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 FUNDS 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, expressed 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 representation or warranties that the EFT service provided through <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.

**ELECTRONIC FUNDS TRANSFER REQUEST: Please select one of the following:**

- I choose to select EFT as a payment method. I have entered my bank account information in my vendor record
- I choose to reverse EFT and select Printed Check(s) as my payment method.

For security purposes, all request for information change will be verified before approval. Please allow (5) five business days for this request to be processed upon approval. **(Please provide a Photo ID with EFT requests or reversals)**

By submitting this form, you certify that: (a) you are authorized to represent the business listed above; (b) all 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 must be an owner or authorized agent)**  
**Company Name**

\_\_\_\_\_  
**Your Name (Please Print)**

\_\_\_\_\_  
**Your Title**

\_\_\_\_\_  
**Your Signature**

\_\_\_\_\_  
**Date**

**FOR CLAYTON COUNTY GOVERNMENT OFFICE USE ONLY**

**REQUEST – REVIEWED AND PROCESSED:**      **APPROVED**          **DENIED**        
**COMMENTS:**

**VENDOR UNDER CONTRACT:**      **YES**          **NO**      
**COMMENTS:**

**BOC ACTION REQUIRED:**      **YES**          **NO**      
**COMMENTS:**

<b>CENTRAL SERVICES REVIEWER SIGNATURE:</b>	<b>DATE:</b>
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<b>CENTRAL SERVICES DIRECTOR/ASSISTANT DIRECTOR SIGNATURE:</b>	<b>DATE:</b>
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<b>FINANCE DEPARTMENT DIRECTOR/DESIGNEE SIGNATURE:</b>	<b>DATE:</b>
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<b>CONTRACT DIVISION REVIEWER SIGNATURE:</b>	<b>DATE:</b>
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