



VENDOR REGISTRATION

To receive payment from the City of Stonecrest, Georgia, a vendor must register with the City Documents as part of the registration process. These documents include:

- Signed Vendor Registration Acknowledgement (this page)
- Vendor Information Form
- ACH Authorization Form
- Georgia Security and Immigration Compliance Act Affidavit (E-verify) or Certification of no Employees as applicable.
- Signed Vendor Liability Agreement (attached appropriate proof of insurance)
- Signed Vendor Conflict of Interest Certification
- IRS form W-9 [Form W-9 \(Rev. March 2024\) \(irs.gov\)](#)

Invoices for payment will not be processed until the aforementioned documents are received at the address below:

City of Stonecrest
Attn: Accounts Payable
3120 Stonecrest Blvd.
Stonecrest, GA 30038

All the information obtained via the vendor registration process will remain confidential and will only be disclosed to third parties as required by audits or if subpoenaed by a government agency or court of the competent jurisdiction.

Periodic updates to this information will be requested by the City of Stonecrest Accounts Payables Department.

Note: The standard payment term for the City of Stonecrest is NET 30 days.



VENDOR INFORMATION FORM

New Vendor Registration

Existing Vendor Update

CONTACT INFORMATION

Name of Business or Payee (Must match Taxpayer Identification Number Taxpayer Identification Number information)			
Address:		Federal Tax ID/SSN/EIN:	
City:		State:	Zip:
Telephone:	Fax:	Web site:	
E-mail:	Contact Name:		Contact Phone #:
E-Verify ID:			

TYPE OF ORGANIZATION

<input type="checkbox"/> Partnership	<input type="checkbox"/> Individual	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC	<input type="checkbox"/> LLP
<input type="checkbox"/> Govt. Agency	<input type="checkbox"/> Foreign Govt.	<input type="checkbox"/> Foreign Partnership	<input type="checkbox"/> Foreign Individual	<input type="checkbox"/> Foreign Corporation	

PAYMENT OPTIONS (Please Choose ACH or Check)

<input type="checkbox"/> ACH	<input type="checkbox"/> Check	ACH Action:	Bank Name:
Account Type:		Routing Number:	Bank Account Number:

*Please include a copy of a voided check or a remittance information sheet from your bank to ensure accurate processing. The City of Stonecrest ACH Authorization form must accompany the vendor registration packet when ACH payment option is selected. This completed form should **ONLY** be submitted to the Finance Department, City of Stonecrest.

Acknowledgement

I hereby acknowledge that I have read and understand the vendor registration requirements of the City of Stonecrest, and I affirm that the information provided in the succeeding documents is true and accurate to the best of my knowledge. Should the facts and circumstances included within these documents change, the City of Stonecrest will be notified at the above address as soon as possible.

Printed Name and Title: _____ Date: _____

Signature: _____

Company Name: _____



ACH CREDIT AUTHORIZATION

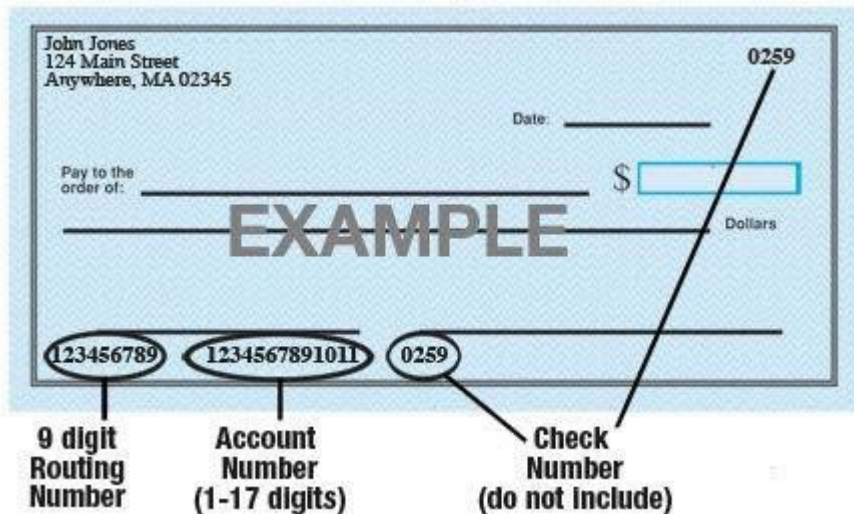
Please print and complete ALL the information below.

Business Name: _____

Address: _____

City, State, Zip: _____

Email Address: _____



Name of Bank: _____

Account #: _____

9-Digit Routing #: _____

Amount: \$ _____ _____% or Entire Check

Type of Account: Checking Savings (Check One)

Attach a voided check for each bank account to which funds should be deposited (if necessary)

_____ The City of Stonecrest is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Printed Name and Title: _____ Date: _____

Signature: _____

Company Name: _____



GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT AFFIDAVIT

Contractor(s) Name: _____

Address: _____

By executing this affidavit, the undersigned person or entity verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm, or corporation which is registered with, is authorized to participate in, and is participating in the federal work authorization program commonly known as E-Verify,* in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91.

The undersigned person or entity further agrees that it will continue to use the federal work authorization program throughout the contract period, and it will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the undersigned with the information required by O.C.G.A. § 13-10-91(b).

The undersigned person or entity further agrees to maintain records of such compliance and provide a copy of each such verification to the City of Stonecrest within five (5) business days after any subcontractor(s) is/are retained to perform such service.

E Verify™ Company Identification Number

Date of Authorization

BY: Authorized Officer or Agent
(Name of Person or Entity)

Date

SUBSCRIBED AND SWORN BEFORE
ME ON THIS THE

_____ DAY OF _____ 202_

Notary Public

[NOTARY SEAL]

My Commission Expires: _____

* or any subsequent replacement operated by the United States Department of Homeland Security or any equivalent federal work authorization program operated by the United States Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986 (IRCA), P.L. 99-603



VENDOR LIABILITY AGREEMENT

On behalf of _____ ("Vendor"), I acknowledge and agree to the following:

1. Vendor is responsible for providing Workers' Compensation Insurance when required by law for any employees, representatives, invitees, helpers or workers hired by Vendor. A Certificate of Insurance showing proof of such coverage must be given to the City of Stonecrest prior to commencement of any services.
2. The vendor agrees to provide Commercial General Liability Insurance in the amount of at least \$1,000,000 combined single limit (\$2,000,000 aggregate) for bodily injury and property damage and name the City of Stonecrest as additional insured as required. Such insurance shall be primary and noncontributing with any other insurance in effect for the City of Stonecrest, Georgia. A Certificate of Insurance and Additional Insured endorsement must be given to the City of Stonecrest prior to the commencement of any services.
3. Vendor agrees to indemnify and hold harmless the City of Stonecrest, Georgia, its elected officials, managers, directors, employees, volunteers and representatives from all liability, loss or damage which may arise from Vendor's negligent services or actions and from the use of the City of Stonecrest, Georgia premises by Vendor, its employees, representatives, or invitees.
4. Should it be discovered that the vendor has provided false or invalid insurance coverage documentation, the City of Stonecrest, Georgia may withhold payments it deems necessary to pay for costs associated with engaging the vendor (including but not limited to workers' compensation coverage, etc.) if any.

Printed Name and Title: _____

Date: _____

Signature: _____

Company Name: _____



VENDOR CONFLICT OF INTEREST CERTIFICATION

The City of Stonecrest, Georgia seeks to avoid business relationships which might conflict, or appear to conflict, with the best interests of the City. The purpose of this form is to identify such potential relationships with vendors.

Note that responses in the affirmative to the questions below do not automatically preclude a vendor from doing business with the City. Evaluations of the responses will be made by the appropriate City personnel on a case-by-case basis. Steps to mitigate the conflict or perceived conflict may be required by the vendor and/or City personnel as appropriate.

1. Does any current or former employee of the City of Stonecrest, Georgia hold a financial interest of greater than 5% in your organization?

Yes No Unsure

2. Does any immediate family member of a current or former employee of the City of Stonecrest, Georgia hold a financial interest of greater than 5% in your organization?

Yes No Unsure

3. Has this organization or any of its principals been debarred, suspended or otherwise excluded by a duly authorized regulatory agency or had a transaction with any such agency terminated for any reason?

Yes No Unsure

If your response to any of the questions above is yes or unsure, please attach a separate sheet describing the situation.

CERTIFICATION

I do hereby certify that all responses herein are true and correct to the best of my knowledge. I understand that the City of Stonecrest, Georgia reserves the right to modify or terminate immediately any vendor or employee relationship (as appropriate) should it be discovered that the information provided herein was known to be false at the time of this certification.

Printed Name and Title: _____

Date: _____

Signature: _____

Company Name: _____