

**VENDOR MANAGEMENT FORM (TeamWorks)**

The initiating Agency will submit this form to the Vendor Management Group for verification and approval. Agency must complete section 5 of the form to obtain approval.

**SECTION 1 – VENDOR IDENTIFICATION (COMPLETE ALL APPLICABLE FIELDS)**VENDOR NUMBER: \_\_\_\_\_ FEI/SSN/EMP ID NUMBER: 32-0495969VENDOR NAME: NTT DATA Services, LLC

PAYMENT ALT NAME: (IF CHECK IS TO BE PAYABLE IN A DIFFERENT NAME) \_\_\_\_\_

ADDRESS: P.O. Box 677956CITY: Dallas STATE: TX ZIP CODE: 75267-7956 COUNTRY: USPHONE NUMBER: 7.800.745.3263 FAX NUMBER: \_\_\_\_\_

CONTACT EMAIL: \_\_\_\_\_

PYMT REMIT EMAIL \_\_\_\_\_ LOC # \_\_\_\_\_ PYMT REMIT EMAIL \_\_\_\_\_ LOC # \_\_\_\_\_

PYMT REMIT EMAIL \_\_\_\_\_ LOC# \_\_\_\_\_ PYMT REMIT EMAIL \_\_\_\_\_ LOC# \_\_\_\_\_

**SECTION 2 – BANK ACCOUNT INFORMATION (ATTACH COPY OF VOIDED CHECK)**ROUTING # ABA 043-000-096 BANK ACCOUNT # 1029157452☒ 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 a SPECIFIC purpose \_\_\_\_\_

(Indicate specific purpose for which this account can be used)

I authorize the State of Georgia to deposit payment for goods 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 above. I understand it is the sole responsibility of the vendor or individual to notify the State of Georgia of any changes to the bank account information.

NTT DATA Services, LLC

(Vendor Printed Name)



(Vendor Signature)

8/14/2007  
(Date)**SECTION 3 – SPECIFY TYPE OF ACTION (CHECK ALL THAT APPLY)**

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> New Vendor       | <input type="checkbox"/> Employee                           | <input type="checkbox"/> 1099 Code _____                      |
| <input type="checkbox"/> Classification Change _____ | <input type="checkbox"/> Add address                        | <input type="checkbox"/> FEI/TIN Change**                     |
| <input checked="" type="checkbox"/> Name Change**    | <input type="checkbox"/> Change of Address: Address # _____ | <input type="checkbox"/> Right of Way Purchase                |
| <input type="checkbox"/> Vendor Deactivation         | <input type="checkbox"/> Fleet Anywhere Vendor              | <input type="checkbox"/> Other (provide details in Section 4) |
| <input type="checkbox"/> Bank Account Add            | <input type="checkbox"/> Bank Account Change                | <input type="checkbox"/> Bank Account Delete                  |
| <input type="checkbox"/> E - Payable                 |   |   |

Documentation for Vendor Name/TIN changes must include at least one of the following: IRS documentation (tax documents, FEI issuance letter, etc); Confirmation from Secretary of State's office of legal name change OR a newly completed W-9 form provided by the vendor.

**SIC CODES (CHECK ALL THAT APPLY)**

- |  |  |   |   |   |
|--|--|---|---|---|
| <input type="checkbox"/> Small Business    | <input type="checkbox"/> Women Owned                 | <input type="checkbox"/> Minority Business Enterprise | <input type="checkbox"/> African American | <input type="checkbox"/> Asian American   |
| <input type="checkbox"/> GA Based Business | <input type="checkbox"/> Minority Business Certified | <input type="checkbox"/> Hispanic - Latino            | <input type="checkbox"/> Native American  | <input type="checkbox"/> Pacific Islander |

**SECTION 4 – ADDITIONAL COMMENTS****SECTION 5 – STATE OF GEORGIA AGENCY CONTACT INFORMATION (OFFICE USE ONLY)**Requestor Name: \_\_\_\_\_ Agency BU#: 980 Date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax #: \_\_\_\_\_