



Glynn County Airport Commission

Dear Vendor:

Glynn County Airport Commission must comply with Form 1099 IRS regulations. These regulations state that we must have a completed W-9 form with a Federal Tax Identification Number or Social Security number for all vendors. Penalties can be imposed on the Airport Commission for not having this information on file, and future payments to our vendors may be delayed if the forms are not completed and returned to our office.

Enclosed are a "Vendor Information" form and a W-9, "Request for Taxpayer Identification Number and Certification" form. Please take the time to complete these two forms for our records and send them to:

Glynn County Airport Commission
Attention: Accounts Payable
295 Aviation Parkway, Suite 205
Brunswick, GA 31522

You may also fax this information to (912) 264-0228 or return via email to swilliams@flygcairports.com.

Thank you,

Shawna Williams
Finance & Administration Manager



Glynn County Airport Commission

GLYNN COUNTY AIRPORT COMMISSION
VENDOR INFORMATION FORM

CHECKS PAYABLE TO

NAME:

[Text input field for Name]

ADDRESS:

[Text input field for Address]

CITY:

[Text input field for City]

STATE:

[Text input field for State]

ZIP:

[Text input field for ZIP]

PHONE NO:

[Text input field for Phone No]

EMAIL:

[Text input field for Email]

ACCOUNTS RECEIVABLE CONTACT INFORMATION

NAME:

[Text input field for Name]

ADDRESS:

[Text input field for Address]

CITY:

[Text input field for City]

STATE:

[Text input field for State]

ZIP:

[Text input field for ZIP]

PHONE NO:

[Text input field for Phone No]

EMAIL:

[Text input field for Email]

SALES REPRESENTATIVE CONTACT INFORMATION

NAME:

[Text input field for Name]

ADDRESS:

[Text input field for Address]

CITY:

[Text input field for City]

STATE:

[Text input field for State]

ZIP:

[Text input field for ZIP]

PHONE NO:

[Text input field for Phone No]

TYPE OF BUSINESS

Individual/Sole Proprietor, Corporation, Partnership, Other

[Text input field for Other]

TAXPAYER IDENTIFICATION NUMBER

FEDERAL ID NO

[Text input field for Federal ID No]

OR

SOCIAL SECURITY NO

[Text input field for Social Security No]

SIGNATURE:

[Text input field for Signature]

DATE:

[Text input field for Date]

PRINT:

[Text input field for Print Name]

