



GGC Foreign Supplier Form

Company's Name: _____

Company Address: _____

Company's US Tax ID #, if applicable: _____

Company's Tax ID # in Home Country: _____

Company Contact Name: _____

Contact Email Address: _____

Contact Phone Number: _____

1. Will you be providing services to GGC? Yes No
 - a. If yes, will these services be performed within the United States?
 Yes No
2. Will you be selling supplies, goods, or merchandise to GGC? Yes No
3. Do you expect to receive payment for any of the following from GGC? Select all that apply

My company is being paid for registration

My company is being paid for repairs/maintenance

My company is being paid for expense reimbursement as a non-employee

My company is being paid for legal services

My company is being paid for public speaking or entertainment.

My company is being paid for services as a non-employee of USG (independent contractor)

My company is being paid for fellowship training stipend, or research participant

My company is being paid for honorarium

My company is being paid for short course instructor - professional education

My company is being paid for awards/prizes

My company is being paid for rent (real estate or machinery)

My company is being paid for royalties

My company is being paid for medical or healthcare services

My company is being paid for recruitment activities

ACH/Wire Payment Information:

(Please note that if the banking information is not from a US bank or affiliate GGC cannot use ACH)

Bank Name:	
Routing Number/SWIFT CODE:	
Account Number:	
ACH Contact Name:	
Email for ACH Confirmation:	

AGREEMENT - I hereby authorize Georgia Gwinnett College (GGC) to electronically deposit all invoice payments to my account in the financial institution listed above. In the event that GGC notifies the financial institution that funds have been deposited to my account in error, I hereby authorize and direct the financial institution to return said funds to GGC as soon as possible. In the event such funds have been drawn from that account so that return of those funds by the financial institution to GGC is not possible, I agree to immediately repay any erroneous deposits to GGC. I further agree that if I do not immediately repay an erroneous deposit, I will be liable for all costs of collection, including reasonable attorney's fees incurred by GGC in the collection of such erroneous deposit, together with the maximum interest permitted by law. Furthermore, in the event of failure to repay any amounts I owe to GGC, I hereby authorize GGC to recover such amounts by deducting them from any future payments until the amounts owed are recovered in full. I understand that this authorization is to remain in effect until GGC has received written notification from me of its termination in such time and manner as to afford GGC, and the financial institution named above, a reasonable opportunity to act upon it, provided, however, that after termination I shall remain liable for any amounts owed to GGC. I certify that I am authorized to sign on behalf of my company.

Signature: _____

Date: _____