

ADESA ATLANTA
& DeKalb County Georgia
Diversified Supplier Base
Questionnaire

Company
Name: _____

Federal Tax ID# _____

Please complete this questionnaire
& return with the other dealer forms.

Social Security # _____

Corporation Sole Proprietorship

Individual

Contact Name: _____

Contact Title: _____

Mailing Address: _____

City and State: _____

Email Address: _____

Home phone number: _____

Cell phone number: _____

Please Check appropriate Boxes:

Does your Business Qualify as a Minority or Woman – Owned Firms?

Minority – Owned Business (51% Minority –Male- Owned)?

Woman – Owned Business (51% Non Minority Female Owned)?

Small Business Concern

Name of the Agency issuing your MBE,WBE,or small business certification

The Undersigned individual affirms that the above information is accurate and true. Also, the individual understands and agrees that the information provided in this Supplier Evaluation Questionnaire is subject to verification. The individual further understands that proper completion of the questionnaire is a condition of participation as a supplier for DeKalb County Georgia.

Individual Signature: _____ Date: _____

