

Toll Free Numbers Phone: 1-866-836-6792  
TTY System: 1-800-360-5899  
Administrative Fax: 1-866-461-0195  
Paperwork E-mail: PPLGADDD@pcgus.com

## Vendor Information Form

The Employer or their authorized representative should complete this form for all business entities that provide services and supports to them under the Georgia NOW & COMP Waiver programs that are independent contractors, for-profit and not-for-profit agencies, and companies. A completed Form W-9 should also be attached. If any of these entities choose to have direct deposit, a completed EFT Form should be included, along with a voided check.

Vendor Name: \_\_\_\_\_

Vendor Representative Name: \_\_\_\_\_

Vendor Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Tax ID/EIN: \_\_\_\_\_

### Type of Vendor:

Agency/Company  or Independent Contractor

Participant Name: _____
Participant ID: _____