



*Otsego*  
**COUNTY**  
M I C H I G A N

## VENDOR REGISTRATION FORM

\*Denotes required field

\*Company Name \_\_\_\_\_

If Sole Proprietor

\*Individual's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Taxpayer ID \_\_\_\_\_

FEIN \_\_\_\_\_

Social Security Number \_\_\_\_\_

\*Contact Name \_\_\_\_\_

\*Mailing Address \_\_\_\_\_

Street/PO Box \_\_\_\_\_

Apt. # \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Cell phone \_\_\_\_\_

\*E-mail Address \_\_\_\_\_

Web site Address \_\_\_\_\_

\*Type of Business

\_\_\_\_Agency

\_\_\_\_Corporation

\_\_\_\_Federal Agency

\_\_\_\_State Agency

\_\_\_\_Partnership

\_\_\_\_Proprietorship

\_\_\_\_Self

\_\_\_\_Local Government

\_\_\_\_Other

List the type of products or services you sell. Please be specific.

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***Fax or mail your completed registration to:***

**Otsego County  
Attn: County Administration  
225 West Main Street, Suite 203  
Gaylord, MI 49735  
Fax # 989-731-7529**