

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: \_\_\_\_\_

