

# MIAMI BEACH

## Vendor Registration Form (Revised 09/18/2017)

DATE CREATED	WAS FORM W-9 PROVIDED?	IS VENDOR ACTIVE ACCORDING TO FLORIDA DIVISION OF CORPORATIONS?	STATE OF INCORPORATION/ ORGANIZATION
<input type="text"/>	YES	YES	
	NO	NO	

NAME & TITLE OF VENDOR AUTHORIZED REPRESENTATIVE FILLING THIS FORM

SIGNATURE:

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VENDOR LEGAL NAME

VENDOR'S FEDERAL ID.  
(EIN # / S.S. #)

VENDOR FICTITIOUS NAME (D/B/A), IF ANY

TELEPHONE #

VENDOR'S PHYSICAL STREET ADDRESS

E-MAIL ADDRESS

CITY	STATE	ZIP CODE / POSTAL CODE	CAN PURCHASE ORDERS BE SENT TO E-MAIL ABOVE?	YES NO
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IS PHYSICAL ADDRESS AND MAILING ADDRESS THE SAME?	YES	CAN PAYMENTS BE SENT TO THE MAILING ADDRESS?	YES
	NO		NO

IF "NO" IS SELECTED ON EITHER OF THE QUESTIONS ABOVE, PLEASE PROVIDE MAILING AND/OR PAYMENT REMITTANCE ADDRESS BELOW

MAILING ADDRESS

PAYMENT REMITTANCE ADDRESS

CITY STATE

CITY STATE

ZIP CODE / POSTAL CODE

ZIP CODE / POSTAL CODE

LIST COMMODITY / SERVICE PROVIDED BY VENDOR

E-MAIL FOR PURCHASE ORDERS