|  |  |
| --- | --- |
| **Submit Completed Form to:** | **FOR SFWMD USE ONLY** |
| **SOUTH FLORIDA WATER MANAGEMENT DISTRICT** | Vendor No. |  |  |
| Procurement Department |  |  |  |
| 3301 Gun Club Road | Entered By |  | Date |  |  |
| West Palm Beach, FL 33406 |  |  |  |  |  |
| Or via Email: CMDM@SFWMD.GOV or Fax: (561) 682-5133 |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |
| **Section I: CHECK ONLY ONE (1) ITEM FROM EACH CATEGORY** | **Required Fields and Attachments are Noted with an Asterisk (\*)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |       |  |  |
| **Section II: TAXPAYER IDENTIFICATION NUMBER (TIN):** Enter your TIN in the appropriate box**\*** |
| Federal Employer Identification No. (FEIN) |     -               | Social Security No. (SSN) |       | - |     | - |         |
| Name (as shown on your income tax return)**\*** |       |
| Business/Disregarded Entity Name (if different from above) |       | [ ]  Select if Name is a Disregarded Entity for Taxes |
| Physical Address (Number & Street)**\*** |       |
| City**\*** |       | State**\***   | Zip Code**\***      | County**\***      | Country      |
| Phone Number**\*** |       | Fax Number |       |
| Email |       | Web Address |       |
| Mailing/Sales Address (if different than above) |       |
| City |       | State   | Zip Code      | County      | Country      |
| Phone Number |       | Fax Number |       |
| Business Contact Person |       | Email |        |
| **The District Prohibits the Assignment or Factoring of Receivables.** |
| Remittance Address (as appears on your invoice)**\***  |       |
| City |       | State   | Zip Code      | County      | Country      |
| Phone Number |        | Fax Number |       |
| Billing Contact Person |       | Email |       |
| **Authorized ACH/Direct Deposit Contact\*** |
| Authorized Contact Person**\*** |       | Email**\*** |       |
| **Section III: BUSINESS CLASSIFICATION\*** (Mark **ONLY** one (1) selection that best describes your company.) |
|  |  |  |  |
|  |  |  |  |
| Describe Your Core Business |       |
| **List No More Than Five (5) SFWMD Commodity Codes** that best describe the Commodities and/or Services directly supplied by your organization**\***(A list of SFWMD commodity codes can be found on our website at [www.sfwmd.gov](http://www.sfwmd.gov).) |
|       |       |       |       |       |
| **Section IV: ATTACHMENTS: (1) Current IRS Form W9\* (2) Current Sample Invoice \* (3) Relevant licenses or certificates held by the firm.** |
| Signature**\*** | Date**\*** |