

Business Registration Application

Submit Completed Form to:

SOUTH FLORIDA WATER MANAGEMENT DISTRICT

Procurement Department

3301 Gun Club Road

West Palm Beach, FL 33406

Or via Email: CMDM@SFWMD.GOV or Fax: (561) 682-5133

FOR SFWMD USE ONLY

Vendor No. _____

Entered By _____

Date _____

Section I: CHECK ONLY ONE (1) ITEM FROM EACH CATEGORY

Required Fields and Attachments are Noted with an Asterisk (*)

New Application	Florida Firm	Corporation	College/University	Non-Profit
Revised Application	USA Non-Florida Firm	Individual/Sole Proprietor	Competitive	Trust Fund
	Non-USA Firm	Partnership	Government Agency	Utility
		Other: _____	Membership	

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)				<input type="checkbox"/> 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*
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Section III: BUSINESS CLASSIFICATION* (Mark ONLY one (1) selection that best describes your company.)

African American	Hispanic American	Non-Minority	Small Business-State
Asian American	Native American	Small Business-Federal	Woman-Owned
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.)

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Section IV: ATTACHMENTS: (1) Current IRS Form W9* (2) Current Sample Invoice* (3) Relevant licenses or certificates held by the firm.

Signature*	Date*
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