Business Registration Application

Submit Completed Form to: SOUTH FLORIDA WATER MANAGEMENT DISTRICT				FOR SFWMD USE ONLY					
Procurement Department				Vendor No.					
3301 Gun Club Road				Entered By			Date		
West Palm Beach, FL 33406 Or via Email: CMDM@SFWMD.GOV or Fax: (561) 234-4159						D			
Section I: CHECK ONLY ONE (1) ITEM FROM EACH CATEGORY					Required Fields and Attachments are Noted with an Asterisk (*)				
New Application	Florida Firm	1	ooration	College/University		Non-Profit			
Revised Application	USA Non-Florida Firm	Indiv	/idual/Sole	Proprieto				Trust Fund	
	Non-USA Firm		nership			Government Agen		y Utility	
		Othe	er:			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)								☐ Select if Name is a Disregarded Entity for Taxes	
Physical Address (Number & Street)*									
City*		State*	Zip Code*		County*		Сог	Country	
Phone Number*				Fax Number					
Email Web A				address					
Mailing/Sales Address (if different than above)									
City	State		Zip Code Cou		County	ty		Country	
Phone Number				Fax Number					
Business Contact Person Ema									
The District Prohibits the Assignment or Factoring of Receivables.									
Remittance Address (as appears on your invoice)* State Zip Code County Country									
City	,		Zip Code		County		Сог	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				est describes vour company)					
African American Hispanic American Non-Minority Small Business-State								iness-State	
Asian American	Native American			,	•		man-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.)									
(A list of Servivid commodity (Joues can be lound on our Webs	sie at <u>www</u>	v.siwina.goV	<u>.)</u>					
Section IV: ATTACHMENTS: (1) Current IRS Form W9* (2) Current Sample Invoice * (3) Relevant licenses or certificates held by the firm.									
Signature*				<u> </u>			Dat	e *	