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| **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](mailto:CMDM@SFWMD.GOV) or Fax: (561) 682-5133 | | | | | | | | | | | | | | | |  | | | | | |  | | | Date | | | | |  | | |  |
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| **Section I: CHECK ONLY ONE (1) ITEM FROM EACH CATEGORY** | | | | | | | | | | | | | | | | **REQUIRED FIELDS ARE NOTED WITH AN ASTERISK (\*)** | | | | | | | | | | | | | | | | | |
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| **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 Name (if different than above) | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | |  | | | | | | | | | | | | | | | | | | |
| **Section III: BUSINESS CLASSIFICATION\*** (Mark **ONLY** one (1) selection that best describes your company.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Describe Your Core Business | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **List No More Than Five (5) Commodity Codes** that best describe the Commodities and/or Services directly supplied by your organization.**\***  (A list of the commodity codes can be found on our website at [www.sfwmd.gov](http://www.sfwmd.gov).) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Attach any relevant licenses or certificates your firm may hold.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature**\*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date**\*** | | | | | |