



Vendor Registration Form

6160 Edgewater Drive Suite C
Orlando, FL 32810

ACY Purchasing Use Only:	
Short-Name:	Vendor <input type="checkbox"/> Supplier <input type="checkbox"/>

*Please type or print your responses to the applicable items below.
Your responses will assist us in evaluating your firm for future bid opportunities and assure that checks for payment are correctly issued .*

1. Company Name
*Invoices **must** be submitted using the name in 1b*

2. Mailing Address
Purchase Orders will be sent to this address

3. Contact Person
Contact for quotes, etc.

4. Contact Information
Internet & Telephone

5. Payment Address
Where to send payments
Required !!!!

6. Corporate Headquarters
If different from above address, see section 1a above

7. IRS required information:
Only one is required

8. Type of Business:

9. M/WBE Status:

a. Corporate Name:		b. Issue Checks to: <i>(pay to the order of)</i>	
Street / P.O. Box		County	
City	State	Zip + 4	
Contact Person		Title	
Telephone #	Fax	Toll Free	Cell Phone
EMail Address		Website Home Page	
Street / PO Box			
City	State	Zip + 4	
Street / P.O. Box			
City	State	Zip + 4	
Federal Employer Identification Number		Social Security Number	
The purpose of collecting the FEIN/SSN is to comply with IRS regulations to file 1099 forms.			
<input type="checkbox"/> Corporation		<input type="checkbox"/> Sole Proprietor	
		<input type="checkbox"/> Partnership	
Is your company is certified by the State of Florida's			
Office of Supplier Diversity as a Minority/Woman Owned Business?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Primary Business Activity / Main Products Sold or Services Offered:

Fax this form and a completed W-9 to: 407-792-2862