

VENDOR REGISTRATION FORM

From: Finance Department
City of Satellite Beach
565 Cassia Blvd.
Satellite Beach FL 32937-3116

Phone: 321-773-4407
Fax: 321-779-1388



INSTRUCTIONS

Dear New Vendor,

Due to difficulty acquiring important information for Worker's Compensation audits and 1099 annual preparation, we are now requesting that all new vendors (who will provide services of \$600.00 or more during the current calendar year) complete the attached Vendor Registration Form (pages 2 and 3 of this document). Your cooperation in this process allows the City of Satellite Beach to be fiscally responsible.

All insurance certificates requested should be effective during the period the vendor is/will be providing services to the City. If the certificate expires and is renewed during the service period, please provide a new certificate upon receipt from your insurance agent. Unless proof of coverage is provided, the City will be forced to deduct the equivalent amount of coverage from your invoices.

Because our reporting obligations to both State and Federal Governments require accurate information, a member of the Finance Department verifies Federal Identification Numbers before payments are released to vendors. This means that we will not issue payment to vendors who have provided incomplete information.

We are aware this will take some time on your part and we greatly appreciate your help as we, in these difficult budget times, make every effort to be fiscally responsible. If you have questions about this form, please contact the Finance Department at the numbers above or by e-mail at cfain@satellitebeach.org.

Thank you in advance for your cooperation.

Christine Fain

Christine Fain
Assistant Finance Director

This is a two-page form. Both pages must be filled out.

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Phone: 321-773-4407
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FIRM NAME		PHONE	
ADDRESS		FAX	
CITY		STATE	ZIP CODE
Occupational License(s):		Number:	Expiration Date:
City:			
County:			
State:			
Year Firm Established			
Taxpayer Identification Number (TIN) (Mandatory)			
E-mail Address			
Web Page Address			
Type of Business & Organization (Mark those that apply):			
<input type="checkbox"/> Individual	<input type="checkbox"/> Retailer	If you have a SNAPS contract or similar State agreement see page 3.	
<input type="checkbox"/> Partnership	<input type="checkbox"/> Distributor		
<input type="checkbox"/> Corporation	<input type="checkbox"/> Manuf. Agent	A response to the <u>ownership question</u> below is mandatory.	
<input type="checkbox"/> Service	<input type="checkbox"/> Manufacturer		
		(If different from above)	
	NAME	PHONE	FAX
President/Owner/Partner			
Contact for bids & contracts			

Certification:

1.

VENDOR NUMBER _____

Signature
Title
Date

VENDOR REGISTRATION FORM

LIST PRODUCTS/SERVICES/PRINCIPAL BUSINESS ACTIVITY:

State of Florida contract number(s) _____

Description of products _____
 (if different than page 1 information) _____

If a City of Satellite Beach employee is a partner, shareholder, or otherwise participates in the ownership and/or profits of the business you must disclose the employee's name and the nature of his participation. If this statement does not apply, indicate "N/A": _____

ADDITIONAL INFORMATION: _____

Business/Organization Insurance:
 Name of Agency: _____ Phone # _____
 General Liability: Minimum: _____ Maximum _____
 Auto Coverage: Comprehensive _____ Collision: _____
 Workers Compensation: Yes ___ No ___ (If no*, please give reason) _____
 *Note: If NO WC insurance, the cost of W/C will be deducted Prior to your 1st check.

Please forward Certificate of Coverage for All Insurance to the Finance Department

FOR CITY USE ONLY

	YES	NO
CATALOG ON FILE		
W-9 RECEIVED		
INSURANCE VERIFIED		
WC CERTIFICATE RECEIVED		

ENTERED BY _____

DATE _____