

Vendor Registration Form

Purchasing Dept.

999 Avenue H, Northeast Winter Haven, FL 33881-4299 www.polk.edu/purchasing 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.

Fax this form and a completed W-9 to 863-297-1085

Company Name Invoices must be submitted using the name in 1b	a. Corporate Name:			b. Issue Checks to: (pay to the order of)		
2. Mailing Address	Street / P.O. Box			County		
Purchase Orders will be sent to this address	City		State		Zip + 4	
3. Contact Person Contact for quotes, etc.	Contact Person	Person		Title		
4. Contact Information	Telephone #	one # Fax		Toll Free Cell Phone		Cell Phone
Internet & Telephone	EMail Address			Website Home Page		
5. Payment Address	Street Address					
Where to send payments see section 1b above	City		State		Zip + 4	
6. Corporate Headquarters If different from above	Street / P.O. Box					
address, see section 1a above	City State		State	Zip + 4		
7. IRS required information: Only one is required	Federal Employer Identification Number			Social Security Number		
	The purpose of collecting the FEIN/SSN is to comply with IRS regulations to file 1099 forms.					
8. Type of Business:	Corporation Sole Proprietor Partnership					
9. M/WBE Status:	Is your company is certified by the State of Florida's					
	Office of Supplier Diversity as a Minority/Woman Owned Business? Yes No					
10. Goods/services sold:						
11. Commodities:	To be included in our database for Invitations to Bid (ITB), list below the appropriate 5-digit Commodity Code Numbers for the ITBs you are interested in. A "hotlink" and passwords to www.nigp.com are available at our website at: www.polk.edu/businessandcommunity/purchasing/Pages/VendorRegistration.aspx					
Commodity Codes:						
Please attach brochures & catalo	gs which may assist in ou	r assessme	ent of your canabil	ities, and knowledg	e of voi	ir products or services