

The School Board of Broward County, Florida Vendor Profile Form

New Vendor VENDOR #: _____ Update Existing Information

I. Business Address/Phone/Etc.

Important: Enter Business Name exactly as it appears on your Business License.

Business Name _____

Street/House Number: _____

City/Postal Code: _____

State: _____ Telephone: _____

Mobile Telephone: _____ Fax: _____

E-Mail Address: _____

II. Business status Information:

EIN or TIN Number: _____

Social Security Number: ____ - ____ - ____

PLEASE PROVIDE A COPY OF W -9 FORM (Attached))

Sole Proprietorship Individual Partnership Corporation Other

III. Contact persons:

1) Name: _____ Title: _____ Telephone: _____

2) Name: _____ Title: _____ Telephone: _____

IV. Accounting Information:

(This section must be completed)

Tax Exemption Number: _____

(If applicable)

Payment Terms: _____

Payment Information:

Check ACH (complete ACH Payment agreement)

Accounts Receivable Clerk (for payment remittance):

Fax number: _____ E-mails address: _____

The Undersigned certifies that the information provided is current and complete:

Name: _____ Title: _____

FOR USE BY SBBC DSG ONLY					
Account Type:	Auto Purchase Order: Yes _____ No _____				
<input type="radio"/> ZVEN	<input type="radio"/> ZORD	<input type="radio"/> ZREM	<input type="radio"/> ZEMP	<input type="radio"/> ZSTD	A: ____
Payment Method:	OC: ____	OT: ____			M: ____
					S: ____
DSG Clerk:	_____				
COMMENTS	_____				