



VENDOR REGISTRATION
BREVARD COUNTY SHERIFF'S OFFICE
 FINANCE UNIT
 700 S. Park Avenue
 Titusville, FL 32780
 Phone: 321-264-5206 • Fax: 321-264-5324

FOR OFFICE
USE ONLY

VENDOR #

Company Name:			
DBA name:			
Mailing Address (for Purchase Orders)		Remittance Address (for Payment)	
Street		Street	
City		City	
State	Zip	State	Zip
Phone		Phone	
Fax		Fax	
Preferred PO Delivery Method: <input type="checkbox"/> Paper (mail) <input type="checkbox"/> Email to: _____		Preferred Payment Method: <input type="checkbox"/> Check <input type="checkbox"/> Electronic Funds Transfer (ACH)	
Sales Contact Person		Accounts Receivable Contact Person	
Name & Title		Name & Title	
Email Address		Email Address	
Phone Number		Phone Number	

TAX IDENTIFICATION NUMBER (TIN)			
All USA firms that are established as an individual, self-employed or sole proprietorship must provide either their Social Security Number (SSN) or Federal Employer Identification Number (FEIN). All other businesses, such as corporations, must provide their FEIN.			
FEIN		SSN	
Are you a 1099 vendor? (One MUST be selected.)	<input type="checkbox"/> YES <input type="checkbox"/> NO	A completed IRS form W9 must be included with this registration. Please initial to acknowledge _____	
<u>Certification:</u> Under penalties of perjury, I certify that: 1. The payee's TIN is correct 2. The payee is not subject to backup withholding due to failure to report interest and dividend income, and 3. The payee is a U.S. Person			
Signature of U.S. Person			
Printed Name		Date	

PROOF OF INSURANCE
Service Contractors are required to maintain specific types and levels of insurance coverage depending on the services being provided and to submit proof of that insurance coverage in the form of a current Certificate of Insurance or a copy of their policy(s) Declarations Page. ALL REQUIRED INSURANCE MUST REMAIN IN FORCE AND PROOF OF INSURANCE RENEWAL MUST BE SUBMITTED PRIOR TO THE EXPIRATION DATE OF THE ORIGINAL INSURANCE COVERAGE.

Vendor's Signature	Title	Date
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PLEASE RETURN FORM AND COMPLETED W9, EITHER BY MAIL OR FAX, TO THE ABOVE LISTED ADDRESS OR FAX NUMBER.