

VENDOR ENROLLMENT FORM

(Office Use Only) Vendor Number _____

Please entirely complete this vendor information form along with the IRS Form W-9, and e-mail to rcastellon@goldenbeach.us or fax to 305-933-3825



Town of Golden Beach
One Golden Beach Drive
Golden Beach, FL 33160
Contact: Raquel Castellon Phone: 305-932-0744 Extension 227

Operating Name (Payee)

Legal Name (as filed with IRS)

Describe the Products/Services you offer:

Remit-to Address (For Payments)

Company Principal Address:

Remit to Contact Name:

Title:

Email Address:

Phone #:

Fax #:

Contact Name for Orders:

Title:

Email Address:

Phone #:

Fax #:

Type of Business (please check one) Provide Federal Tax Identification or Social Security Number

Corporation

Federal ID Number:

Sole Proprietorship/Individual Social Security Number:

Partnership

Health Care Service Provider

LLC - C (C Corporation) S (S Corporation) P (P partnership)

Other (Specify):

Name & Title of Applicant

Signature of Applicant

Date:

If this box is checked, please include your Certificate of Insurance with Worker's Compensation.

* All Purchase Orders will be issued via e-mail. Please specify the e-mail address for Purchase Orders.