

VENDOR FORM

(Office Use Only) Vendor Number _____

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



Town of Golden Beach
One Golden Beach Drive
Golden Beach, FL 33160

Operating Name (Payee)

Legal Name (IRS CP 575 G Notice)

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.