

VENDOR FORM

Complete vendor form and return 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:

Business Address:

City/State/Zip:

Email Address:

Phone #:

Fax #:

Remit to address (complete only if different from business address)

City/State/Zip

Type of Business (please check one)

Corporation

Sole Proprietorship/Individual

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.