# VENDOR REGISTRATION FORM

Phone: (850) 484-1779  
Fax form to (850) 484-1839  

Please type or print your responses to the applicable items below. Your responses will assist us in evaluating your firm for future bid opportunities and assure that checks for payment are correctly issued.

## 1. Company Name
   - **a. Corporate Name:**
   - **b. DBA Name** (issue checks to)

## 2. Mailing Address
   - **Street / P.O. Box**
   - **City**
   - **State**
   - **State and Zip + 4**

## 3. Contact Person
   - **Contact Person**
   - **Title**

## 4. Contact Information
   - **Telephone Number / Toll Free Number**
   - **Fax Number**
   - **Email Address**
   - **Website Home Page**

## 5. Payment Address
   - **Street / P.O. Box**
   - **City**
   - **State**
   - **State and Zip + 4**

## 6. Corporate Headquarters
   - **Street / P.O. Box**
   - **City**
   - **State**
   - **State and Zip + 4**

## 7. Type of Business
   - Corporation
   - Sole Proprietor
   - Partnership

## 8. Minority/WBE Status/DVBE
   - Minority / Woman or Disabled Veteran Owned Business
   - YES
   - NO

## 9. Shipping Terms
   - Are the terms F.O.B. Pensacola State College, Freight Prepaid and allowed (by the seller) acceptable shipping terms to the entity identified above?
   - YES
   - NO

## 10. Product / Service Provided
   - Describe Product or Service Provided:

## 11. ACH Payment
   - Are you interested in receiving ACH payments?
   - YES
   - NO

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**Note:** Please provide brochures, catalogs, etc. to assist in our assessment of your capabilities, products, or services.  
**Note:** This application is valid for one year from last payment or application date, whichever is later.  

**A W-9 MUST BE ATTACHED TO PROCESS THIS APPLICATION.**

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**ADDITIONAL PAYMENT INFORMATION AND SIGNATURE:**

I certify that the information supplied herein is correct to the best of my knowledge. I further certify that in doing business with Pensacola State College my firm is in compliance with Chapter 112.313, Florida Statutes, relating to conflict of interest (to review the Statute in full, visit [http://www.flsenate.gov/Statutes/](http://www.flsenate.gov/Statutes/)).

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Name of Person Completing / Authorizing Application  
Title of Person Completing / Authorizing Applications  
Signature  
Date  

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PUR008-09/08