



**(OFFICE USE ONLY)** Vendor number:

Please complete this vendor information form along with the IRS Form W-9, and email to SFAdmin@sfrpc.com  
**South Florida Regional Planning Council**  
**Oakwood Business Center**  
**1 Oakwood Boulevard, Suite 221**  
**Hollywood, Florida 33020**  
**954.924.3653 Phone, 954.924-3654 FAX**

### Vendor Information Form

<b>Operating Name (Payee)</b>			
<b>Legal Name (as filed with IRS)</b>			
<b>Remit-to Address (For Payments)</b>			
<b>Remit-to Contact Name:</b>		<b>Title:</b>	
<b>Email Address:</b>			
<b>Phone #:</b>		<b>Fax #</b>	
<b>Order-from Address (For purchase orders)</b>			
<b>Order-from Contact Name:</b>		<b>Title:</b>	
<b>Email Address:</b>			
<b>Phone #:</b>		<b>Fax #</b>	
<b>Return-to Address (For product returns)</b>			
<b>Return-to Contact Name</b>		<b>Title:</b>	
<b>Email Address:</b>			
<b>Phone #:</b>		<b>Fax #</b>	
<b>Payment Terms:</b>			

**Type of Business** (please check one and provide Federal Tax identification or social security Number)

Corporation

**Federal ID Number:**

Sole Proprietorship/Individual

**Social Security No.:**

Partnership

Health Care Service Provider

LLC – C (C corporation) – S (S corporation) – P (partnership)

Other (Specify):

**Name & Title of Applicant** \_\_\_\_\_

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_