



(OFFICE USE ONLY) Vendor number:

Please complete this vendor information form along with the IRS Form W-9, and email to sfadmin@sfrpc.com, or mail to the address below.

South Florida Regional Planning Council
 1 Oakwood Boulevard, Suite 250
 Hollywood, Florida 33020
 954.924.3653 Phone, 954.924-3654 FAX

VENDOR INFORMATION FORM

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

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

- Sole Proprietorship/Individual
- C - Corporation
- S - Corporation
- Partnership
- Health Care Service Provider
- LLC - C Corporation
- LLC - S Corporation
- LLC - Partnership

Federal ID Number:

Social Security No:

Other (Specify):

Name & Title of Applicant _____

Signature of Applicant _____ Date _____