



BRENDA D. FORMAN
BROWARD CLERK OF CIRCUIT AND COUNTY COURT
 PURCHASING DIVISION
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VENDOR REGISTRATION FORM

New Vendor
 Update Vendor
 Change Ownership

BUSINESS NAME:		DBA NAME:	
BUSINESS MAILING ADDRESS: STREET OR P.O. BOX		CITY	STATE ZIP CODE
REMITTANCE ADDRESS (If different from above): STREET OR P.O. BOX		CITY	STATE ZIP CODE
PHONE:	FAX:	E-MAIL ADDRESS:	WEBSITE ADDRESS:
TYPE OF ORGANIZATION: <input type="checkbox"/> Corporation (indicate which state) <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Other (please define)			
State: _____		Date of Corporation: _____	Florida State Registration License: _____
*Fed. I.D.: _____		*SSN: _____	DUNS#: _____
*Current W-9 must be provided			
TYPE OF BUSINESS (check more than one if applicable): <input type="checkbox"/> Manufacturer/Producer <input type="checkbox"/> Wholesaler <input type="checkbox"/> Retailer <input type="checkbox"/> Service Vendor <input type="checkbox"/> Dealer without Inventory Stock <input type="checkbox"/> Dealer with Inventory Stock <input type="checkbox"/> Distribution Center <input type="checkbox"/> Professionally Licensed <input type="checkbox"/> Other:			
PURCHASE ORDER CONTACT:		EMAIL:	
CONTACT PERSON(S) FOR SALES:		TITLE:	PHONE:
CONTACT PERSON(S) FOR ACCOUNTS RECEIVABLE:		TITLE:	PHONE:
The undersigned certifies that the information contained herein is correct. I understand that misrepresentation may be cause for removal from the qualified vendor list and any other penalties allowed by law.			
_____		_____	
Authorized Signature		Title	
_____		_____	
Company Name		Date	