



SUPPLIER REGISTRATION FORM

GENERAL INFORMATION

LEGAL NAME	D/B/A
FEDERAL ID / SSN	COMPANY OFFERS

PURCHASING ADDRESS

REMIT TO ADDRESS

STREET 1		STREET 1	
STREET 2		STREET 2	
CITY		CITY	
STATE	ZIP	STATE	ZIP
PHONE	EXT.	PHONE	EXT.
PO EMAIL			

INCOME TAX INFORMATION

1099 REPORTABLE	FEDERAL TAX CLASSIFICATION
	INCOME TAX TYPE

EFT/ACH PAYMENT INFORMATION

BANK NAME	ACCOUNT TYPE
ACCOUNT NO.	ROUTING NO.
REMIT EMAIL	

SUPPLIER AUTHORIZATION

PRINTED NAME	SIGNATURE
POSITION TITLE	DATE
SIGNER EMAIL	

COMPLETE FORM AND RETURN WITH CURRENT YEAR W9

Per Florida Statute 119.71(5), HCD is required to notify individuals of the circumstances that require or authorize the collection and use of social security numbers ("SSN"). HCD is requesting the information above, as required for income tax reporting purposes.

TO BE COMPLETED BY HCD REPRESENTATIVE

NEW	
UPDATE	REQUESTED BY