



Health Care District

OF PALM BEACH COUNTY

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 ACCOUNTTYPE
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