



UPDATE VENDOR INFORMATION FORM

GENERAL INFORMATION

LEGAL NAME D D/B/A

FEDERAL ID / SSN

OWNERSHIP TYPE

COMPANY OFFERS

BUSINESS CATEGORIES

CATEGORY 1

CATEGORY 2

CATEGORY 3

PURCHASING ADDRESS

STREET 1

STREET 2

CITY

STATE

PHONE

PO EMAIL

ZIP

EXT.

REMIT TO ADDRESS

STREET 1

STREET 2

CITY

STATE

PHONE

PAYMENT METHOD

ZIP

EXT.

DISCOUNT INFORMATION

DISCOUNT

PERCENT

DISCOUNT DAYS

EFT/ACH PAYMENT INFORMATION

BANK NAME

ACCOUNT TYPE

ACCOUNT NO.

ROUTING NO.

BANK EMAIL

VENDOR AUTHORIZATION

PRINTED NAME

SIGNATURE

POSITION TITLE

DATE

SIGNER EMAIL

COMPLETE FORM AND RETURN WITH CURRENT YEAR W9 TO PURCHASING@HCDPBC.ORG

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.