



# VENDOR REGISTRATION FORM

Phone: (850) 484-1779  
 Fax form to (850) 484-1839

Please type or print your responses to the applicable items below. Your responses will assist us in evaluating your firm for future bid opportunities and assure that checks for payment are correctly issued.

1	<b>Company Name</b> <i>Invoices <b>must</b> be submitted using the name in 1b</i>	<b>a. Corporate Name:</b>	<b>b. DBA Name (issue checks to)</b>
2	<b>Mailing Address</b> <i>Purchase Orders will be sent to this address</i>	Street / P.O. Box	City
		State	State and Zip + 4
3	<b>Contact Person</b> <i>Contact for Quotes, etc.</i>	Contact Person	Title
4	<b>Contact Information</b> <i>Internet and Telephone sent to this address</i>	Telephone Number / Toll Free Number	Fax Number
		Email Address	Website Home Page
5	<b>Payment Address</b> <i>Where to send payments See Section 1b above</i>	Street / P.O. Box	City
		State	State and Zip + 4
6	<b>Corporate Headquarters</b> <i>If different from above address - see section 2a above</i>	Street / P.O. Box	City
		State	State and Zip + 4
7	<b>Type of Business</b>	<input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership	
8	<b>Minority/WBE Status/DVBE</b>	<i>Is your company certified by the State of Florida's Office of Supplier Diversity as a</i> Minority / Woman or Disabled Veteran Owned Business      YES <input type="checkbox"/> NO <input type="checkbox"/> <i>If "YES" please attach Minority Business Enterprise or Disabled Veteran Business Certificate</i>	
9	<b>Shipping Terms</b>	<i>Are the terms F.O.B. Pensacola Junior College, Freight Prepaid and allowed (by the seller) acceptable shipping terms to the entity identified above?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO	
10	<b>Product / Service Provided</b>	Describe Product or Service Provided	

Note: Please provide brochures, catalogs, etc. to assist in our assessment of your capabilities, products, or services.

Note: This application is valid for one year from last payment or application date, whichever is later.

**A W-9 MUST BE ATTACHED TO PROCESS THIS APPLICATION.**

### ADDITIONAL PAYMENT INFORMATION AND SIGNATURE:

I certify that the information supplied herein is correct to the best of my knowledge. I further certify that in doing business with Pensacola Junior College my firm is in compliance with Chapter 112.313, Florida Statutes, relating to conflict of interest (to review the Statute in full, visit <http://www.flsenate.gov/Statutes/>).

\_\_\_\_\_  
 Name of Person Completing / Authorizing Application

\_\_\_\_\_  
 Title of Person Completing / Authorizing Applications

\_\_\_\_\_  
 Signature

PUR008-09/08

\_\_\_\_\_  
 Date