



FLAGLER COUNTY
BOARD OF COUNTY COMMISSIONERS
PURCHASING DEPARTMENT

VENDOR INFORMATION FORM

Name of Business Entity or Individual:

\_\_\_\_\_

Doing Business As (DBA) Name; Registered Fictitious, Trade or Assumed:

\_\_\_\_\_

Tax ID Number: \_\_\_\_\_ FEIN SSN/ITIN OTHER

Website: \_\_\_\_\_

Company/Corporate Address:

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Payment Address (if different from above):

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Accept Credit Card? Yes \_\_\_\_\_ No \_\_\_\_\_

Check any special business classifications that apply to your business. Classifications are subject to approval.

\_\_\_\_\_ Local Vendor Preference

\_\_\_\_\_ Women/Minority Business Enterprise

Is Vendor providing a technology (IT) service? Yes \_\_\_\_\_ No \_\_\_\_\_

Certificate of Insurance attached? Yes \_\_\_\_\_ No \_\_\_\_\_

W9 attached? Yes \_\_\_\_\_ No \_\_\_\_\_

PURCHASING USE ONLY

Vendor No: \_\_\_\_\_

Input by: \_\_\_\_\_