



Vendor Registration Form



Please carefully review and complete this registration form and the accompanying IRS W-9 form. The requested information is necessary to register individuals and entities with the Coalition that are to provide goods and/or services and require payment as reimbursement. Once completed, the forms may be returned to the ELCSLC via e-mail to accountspayable@elcslc.org, fax at 772-409-1198, and/or mail to the address provided near the bottom of the form. For verification purposes, it is important that the information on this form match that provided on the accompanying W-9.

Legal Name: _____
Business Name/DBA (If Different): _____

Physical Contact Information:	Billing Contact Information (If Different):
Address: _____	_____
City, State Zip: _____	_____
Phone: _____	_____
Fax: _____	_____
Contact Person: _____	Entity Type:
Contact Title: _____	<input type="checkbox"/> Sole Proprietor
Contact E-mail: _____	<input type="checkbox"/> Partnership
Owner/Director: _____	<input type="checkbox"/> Corporation
Date Established: _____	<input type="checkbox"/> LLC
State of Incorporation: _____	<input type="checkbox"/> Other: _____
ALL Invoice Billing Terms MUST be Net 30 *for other considerations contact Fiscal Data Contract Specialist	

Are you certified as a Minority Business Enterprise?*	_____
Do you provide discounts to non-profit organizations?*	_____
Will you donate materials to non-profit organizations?*	_____
Products and/or services provided: _____	_____
* If "yes" - please provide verification or informative documents.	

Certification:	
I, the undersigned, hereby certify that the information in this application is a full, true, and complete statement of facts. I understand that if I do not provide a complete W-9 statement payments will be subject to backup withholding per IRS form W-9 instructions.	
Authorized Signature: _____	Date: _____
Printed Name: _____	Title: _____
<input type="checkbox"/> Purchase Order/Contract Terms and Conditions received.	

ELCSLC Procurement Department
W-9 Complete: _____
SAM.gov Check: _____
CMBE Check: _____
Vendor ID# _____

Vendor Registration Packet Mailing Address
Early Learning Coalition of St. Lucie County
Attn: Accounts Payable
5000 Dunn Rd., 3rd Floor
Fort Pierce, FL 34981

Notes: _____
