



VENDOR REGISTRATION

Data
Entry

CITY OF MELBOURNE

Financial Services/Accounts Payable
900 E. Strawbridge Avenue Phone (321) 608 7024 or 7026
Melbourne, FL 32901 Fax (321) 608 7048

Check One: **New Application**

Revised Vendor Record (*Enter FEIN or SSN and all information to be changed*)

All USA firms that are established as an individual, self-employed or sole proprietorship must provide either their Social Security Number (SSN) or Federal Employer Identification Number (FEIN). All other businesses, such as corporations, must provide their FEIN.

Proof of Insurance: Vendors must attach a current Certificate of Insurance listing the following coverage: 1) Workers' Compensation Insurance or a Certificate of Election to be exempt executed by the vendor; 2) Commercial General Liability Insurance with a per occurrence limit of at least \$1,000,000 and with the City added as an Additional Insured as evidenced by submitting a copy of the policy's Additional Insured Policy Endorsement that is issued by the underwriting insurance company; 3) If vehicles are to be used in the services provided to the City, then Automobile Liability Insurance with a limit of at least \$1,000,000 per occurrence; 4) Some vendors, depending on the services being provided, may also be required to submit proof of Professional Liability or other insurance coverage and/or be bonded.

NEW CERTIFICATES OF INSURANCE ARE REQUIRED AT THE EXPIRATION DATE OF INSURANCE COVERAGE PRIOR TO THE VENDOR PERFORMING ADDITIONAL SERVICE. DIRECT QUESTIONS TO RISK MANAGEMENT AT (321) 608-7823.

FEIN

TIN

SSN

Are you a W-2/1099 vendor?
(One MUST be selected.)

Yes

No

Certification: Under penalties of perjury, I certify that:

1. The payee's TIN is correct.
2. The payee is not subject to backup withholding due to failure to report interest and dividend income, and
3. The payee is a U.S. Person.

Signature of
U.S. Person

Printed Name

Date

Company Name

DBA Name

Mailing Address

Remittance Address (*if different from Mailing Address*)

City

City

State

Zip

State

Zip

Country (*if not USA*)

Country (*if not USA*)

Phone

Phone

Fax

Fax

ADDRESS NOTES:

Purchase orders for goods or services will be issued to the **MAILING ADDRESS** provided above.

Payment checks for accepted goods or services will be issued to the **REMITTANCE ADDRESS**, if provided; otherwise, the listed mailing address.

Vendor's Signature

Title

Date

PLEASE RETURN FORM, EITHER BY MAIL OR FAX, TO THE ABOVE LISTED ADDRESS OR FAX NUMBER.