



VENDOR REGISTRATION

CITY OF CHIPLEY
POST OFFICE BOX 1007
CHIPLEY, FL 32428
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EMAIL: VENDORREGISTRATION@CITYOFCHIPLEY.COM

FOR INTERNAL
USE ONLY
VENDOR NO.

VENDOR APPROVED

Company Name:			
DBA name:			
Mailing Address (for Purchase Orders)		Remittance Address (for Payment)	
Street		Street	
City		City	
State	Zip	State	Zip
Phone		Phone	
Fax		Fax	
Preferred PO Delivery Method: <input type="checkbox"/> Paper (mail) <input type="checkbox"/> Email to: _____			
Sales Contact Person		Accounts Receivable Contact Person	
Name & Title		Name & Title	
Email Address		Email Address	
Phone Number		Phone Number	

TAX IDENTIFICATION NUMBER (TIN)

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.

FEIN

Are you a 1099 vendor?
(One **MUST** be selected.)

YES

NO

SSN

A completed IRS form W9 **must** be included with this registration. Please initial to acknowledge _____

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

PROOF OF INSURANCE

Service Contractors are required to maintain specific types and levels of insurance coverage depending on the services being provided and to submit proof of that insurance coverage in the form of a current Certificate of Insurance or a copy of their policy(s) Declarations Page.

ALL REQUIRED INSURANCE MUST REMAIN IN FORCE AND PROOF OF INSURANCE RENEWAL MUST BE SUBMITTED PRIOR TO THE EXPIRATION DATE OF THE ORIGINAL INSURANCE COVERAGE.

Vendor's Signature

Title

Date