

# Vendor Registration Form

**Purchasing Dept.**  
999 Avenue H, Northeast  
Winter Haven, FL 33881-4299

|                          |  |
|--------------------------|--|
| PSC Purchasing Use Only: |  |
| Short-Name:              | Genesis <input type="checkbox"/> ITB Database <input type="checkbox"/> |

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.  
Note: PSC was formerly Polk Community College

**1. Company Name**  
*Invoices **must** be submitted using the name in 1b*

**2. Mailing Address**  
*Purchase Orders will be sent to this address*

**3. Contact Person**  
*Contact for quotes, etc.*

**4. Contact Information**  
*Internet & Telephone*

**5. Payment Address**  
*Where to send payments*  
**Required !!!!**

**6. Corporate Headquarters**  
*If different from above address, see section 1a above*

**7. IRS required information:**  
*Only one is required*

**8. Type of Business:**

**9. M/WBE Status:**

|   |       |   |            |
|---|-------|---|------------|
| <b>a. Corporate Name:</b>   |       | <b>b. Issue Checks to:</b> <i>(pay to the order of)</i> |            |
| Street / P.O. Box   |       | County  |            |
| City  | State | Zip + 4   |            |
| Contact Person  |       | Title   |            |
| Telephone #   | Fax   | Toll Free   | Cell Phone |
| EMail Address   |       | Website Home Page                                       |            |
| Street / PO Box   |       |   |            |
| City  | State | Zip + 4   |            |
| Street / P.O. Box   |       |   |            |
| City  | State | Zip + 4   |            |
| Federal Employer Identification Number  |       | Social Security Number                                  |            |
| <b>The purpose of collecting the FEIN/SSN is to comply with IRS regulations to file 1099 forms.</b>                       |       |   |            |
| <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership        |       |   |            |
| Is your company is certified by the State of Florida's  |       |   |            |
| Office of Supplier Diversity as a Minority/Woman Owned Business? <input type="checkbox"/> Yes <input type="checkbox"/> No |       |   |            |

**10. Commodity Code Information:** Please attach brochures & catalogs which may assist in our assessment of your capabilities, and knowledge of your products or services. **List below** the appropriate **5-digit** Commodity Code Numbers for goods or services your company proposes to supply to PSC. A "hotlink" and passwords to [www.nigp.com](http://www.nigp.com) are available at our website at:

[www.polk.edu/businessandcommunity/purchasing/Pages/VendorRegistration.aspx](http://www.polk.edu/businessandcommunity/purchasing/Pages/VendorRegistration.aspx)

Primary Business Activity / Main Products Sold or Services Offered:

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|  |  |  |  |  |  |