



**Early Learning Coalition of Seminole County, Inc  
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 ELCOS via e-mail to PSeppi@seminoleearlylearning.org and/or fax at 407-960-2489, 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):** \_\_\_\_\_

<p align="center"><b>Physical Contact Information:</b></p> <p>Address: _____</p> <p>City, State Zip: _____</p> <p>Phone: _____ Fax: _____</p> <p>Contact Person: _____</p> <p>Contact Title: _____</p> <p>Contact <b>E-mail</b>: _____</p> <p>Owner/Director: _____</p> <p>Date Established: _____</p> <p>State of Incorporation: _____</p>	<p align="center"><b>Billing Contact Information (If Different) :</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Entity Type:</p> <p><input type="checkbox"/> Sole Proprietor</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Corporation</p> <p><input type="checkbox"/> LLC</p> <p><input type="checkbox"/> Other: _____</p>
<p>Invoice Billing Terms: <input type="checkbox"/> Net 15 <input type="checkbox"/> Net 30 <input type="checkbox"/> Net _____</p>	

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: \_\_\_\_\_

Procurement Department
<p>W-9 Complete: _____</p> <p>SAM.gov Check: _____</p> <p>CMBE Check: _____</p>

Vendor Registration Packet Mailing Address
<p>Early Learning Coalition of Seminole County</p> <p>Attn: Procurement</p> <p>280 Hunt Park Cove, Suite 1020</p> <p>Longwood, FL 32750-7567</p>

**Notes:** \_\_\_\_\_