

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 Finance@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): _____

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

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
W-9 Complete: _____
SAM.gov Check: _____
CMBE Check: _____

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

Notes: _____