



(OFFICE USE ONLY) Vendor number:

Please entirely complete this vendor information form along with the IRS Form W-9, and email to accountspayable@ppines.com

City of Pembroke Pines
Finance Department
601 City Center Way
Pembroke Pines, FL 33025

Vendor Information Form

Operating Name (Payee)			
Legal Name (as filed with IRS)			
Remit-to Address (For Payments)			
Remit-to Contact Name:			Title:
Email Address:			
Phone #:			Fax #
Order-from Address (For purchase orders)			
Order-from Contact Name:			Title:
Email Address:			
Phone #:			Fax #
Return-to Address (For product returns)			
Return-to Contact Name			Title:
Email Address:			
Phone #:			Fax #
Payment Terms:			

Type of Business (please check one and provide Federal Tax identification or social security Number)

Corporation

Federal ID Number:

Sole Proprietorship/Individual

Social Security No.:

Partnership

Health Care Service Provider

LLC – C (C corporation) – S (S corporation) – P (partnership)

Other (Specify):

Name & Title of Applicant _____

Signature of Applicant _____ **Date** _____