



(Office Use Only) Vendor Number _____

Please entirely complete this vendor information form along with the IRS Form W-9, and e-mail to sgarcia@sua.com

Seacoast Utility Authority
4200 Hood Road
Palm Beach Gardens, FL 33410
Contact: Sharyn Garcia Phone: 561-656-2226

Operating Name (Payee)

Legal Name (as filed with IRS)

Remit-to Address (For Payments)

Remit to Contact Name:

Title:

Email Address:

Phone #:

Fax #:

Contact Name for Orders:

Title:

Email Address:

Phone #:

Fax #:

Type of Business (please check one) Provide Federal Tax Identification or Social Security Number

Corporation

Federal ID Number:

Sole Proprietorship/Individual Social Security Number:

Partnership

Health Care Service Provider

LLC - C (C Corporation) S (S Corporation) P (P partnership)

Other

Name & Title of Applicant

Signature of Applicant

Date:

If this box is checked, please include your Certificate of Insurance with Worker's Compensation.

* All Purchase Orders will be issued via e-mail. Please specify the e-mail address for Purchase Orders.