



(Office Use Only) Vendor Number \_\_\_\_\_

Please entirely complete this vendor information form along with the IRS Form W-9, and e-mail to [jdecker@sua.com](mailto:jdecker@sua.com) or [rholt@sua.com](mailto:rholt@sua.com).

Seacoast Utility Authority  
4200 Hood Road  
Palm Beach Gardens, FL 33410  
Contact: Jessica Decker Phone: 561-656-2203

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)

Corporation

Sole Proprietorship/Individual

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.