



# Vendor Information Form

## CITY OF EDGEWATER

104 N Riverside Drive, Edgewater, FL 32132

Email to: [purchasing@cityofedgewater.org](mailto:purchasing@cityofedgewater.org)

**Form is to be completed by Vendor.** *If a "DBA", please be sure this is indicated on W-9* Date \_\_\_\_\_

Company Name: \_\_\_\_\_

FEIN or SS#: \_\_\_\_\_ Service or Commodity Provided \_\_\_\_\_

Mail Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip+4: \_\_\_\_\_

Remit Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip+4: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Purchase Orders to be sent to: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Accounts Receivable Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Vendor Instructions

If your company provides services performed on City property, you will also be required to submit an ACORD Insurance Certificate naming the City of Edgewater as an additional insured, along with a copy of the additional insured endorsement from your policy, prior to services being rendered.

The City of Edgewater is exempt from the payment of Florida sales and use tax. Copies of the City's Sales Tax Exemption Certificate are available upon request to [purchasing@cityofedgewater.org](mailto:purchasing@cityofedgewater.org).

The City's payment terms are per Florida Prompt Payment Act and all invoices/billing should be sent to: City of Edgewater, PO Box 100, Edgewater, FL 32132.

### A completed Form W-9 must be submitted with this Vendor Information Form.

Submission of this Vendor Information Form constitutes agreement with the Purchase Order Terms and Conditions as found on the City's website: <https://www.cityofedgewater.org/finance/page/purchasing-policies>

Payment Options:

Check       Direct Deposit/ACH

Bank Name and Address: \_\_\_\_\_

Account Number: \_\_\_\_\_ ABA/Routing Number: \_\_\_\_\_

**Under penalties of perjury, I certify that the above information is complete and accurate. If direct deposit was the method selected, I hereby authorize The City of Edgewater to automatically deposit payment for invoices into our account at the financial institution listed. I also authorize withdrawal transaction from the account, limited to the amount of the original deposit, in the event of an overpayment or erroneous deposit. This authorization will remain in effect until The City of Edgewater has received, in writing, our cancellation notification. I will notify the City in writing of any account changes or closure, in such a manner as to afford the City ample time to act upon it. I understand that failure to do so may result in deposit failure.**

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (printed) \_\_\_\_\_ Title \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>		
Received	_____	by _____
Processed	_____	by _____
Approved	_____	by _____