



**SHARON R. BOCK**

Clerk & Comptroller  
Palm Beach County

Dear Vendor:

Thank you for your interest in doing business with the Clerk & Comptroller's Office of Palm Beach County.

Our office has a vendor registration process. Each vendor must complete the Clerk's *Vendor Registration Form* and a *W-9, Request for Taxpayer Identification Number and Certification*. After submission and review of the registration package, our office will provide notification of your firm's acceptance as a vendor for the Clerk & Comptroller's office.

**Note:** Your taxpayer identification number is either your Social Security or Employer Identification Number (EIN). The Clerk & Comptroller of Palm Beach County is required by law to have documentation of your correct taxpayer identification number on file. Failure to comply will result in 30% being withheld from all future payments to you or your company. The amount withheld would then be deposited with the Internal Revenue Service (IRS).

Our office is requesting that you have these applications completed and returned to the address below or email to [CCRPAYABLES@mypalmbeachclerk.com](mailto:CCRPAYABLES@mypalmbeachclerk.com).

**PO Box 229  
West Palm Beach, FL 33402-0229**

Thank you in advance for your assistance. If you have any questions, please call the Clerk's Accounting Department at 561-355-6271.

Respectfully,

*Clerk & Comptroller of Palm Beach County Accounting Department*

Attachments: Vendor Registration form  
W-9, Request for Taxpayer Identification Number

301 North Olive Avenue  
West Palm Beach, Florida 33401

P.O. Box 229  
West Palm Beach, Florida 33402

Telephone 561-355-2996  
Facsimile 561-355-6727

[www.pbccountyclerk.com](http://www.pbccountyclerk.com)

Revised 3/17/09



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Clerk & Comptroller  
Palm Beach County

Vendor Registration Form

New Vendor     Update for existing account

Exact (Legal Name) of Company: \_\_\_\_\_  
(Vendor Name must match name on W-9/FED ID)

Alias/DBA Name: \_\_\_\_\_  
(List DBA or Fictitious name, if applicable)

<b>Type of Business Entity (Check one):</b>		
<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other _____		
Federal ID #:		A completed IRS W-9 form must be submitted with this registration form in order to conduct business with the Clerk & Comptroller's Office of Palm Beach County
Briefly describe type of product or service provided:		

1. Please list below Corporate Mailing Address (This should be a physical street address):

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Main Phone Number: \_\_\_\_\_ Main Fax Number: \_\_\_\_\_

Main E-mail address: \_\_\_\_\_

2. Please list below Payment Remit Address / Accounts Receivable (A/R) Department (if different from above i.e. Lockbox / PO Box Address):

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

A/R Phone Number: \_\_\_\_\_ A/R Fax Number: \_\_\_\_\_

A/R E-mail address: \_\_\_\_\_

3. Please list below your Order Processing Department (PO) information. **Effective 10/1/08**, all purchase orders will be transmitted via email.

Main Phone Number: \_\_\_\_\_ Rep/Contact Name: \_\_\_\_\_

Rep/Contact Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_ Contact Fax Number: \_\_\_\_\_

PO E-mail address: \_\_\_\_\_

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**Vendor Registration Form (Page 2)**

4. List of Company Officials:

<b>Name:</b>		<b>Position/Title:</b>	
<b>Name:</b>		<b>Position/Title:</b>	
<b>Name:</b>		<b>Position/Title:</b>	

5. Names of Individuals with Authority to Quote and/or Sign Contracts:  
*(Complete if different from above)*

<b>Name:</b>		<b>Title:</b>		<b>Phone:</b>	
<b>Name:</b>		<b>Title:</b>		<b>Phone:</b>	
<b>Name:</b>		<b>Title:</b>		<b>Phone:</b>	

6. If your firm is recognized with Palm Beach County as a Small Business, Minority-Owned or Woman-Owned Enterprise, please check below. If checked, please attach a copy of your OSBA (Office of Small Business Assistance) certificate.

Small Business                          Minority-Owned                                            Woman-Owned                     

**Affidavit: To the best of my knowledge, our firm has not, at any time, had a business or personal relationship with any employee of the Clerk & Comptroller's Office of Palm Beach County.**

**We agree to adhere to the terms of the Clerk & Comptroller of Palm Beach County Procurement Policy as set forth on the Clerk's website. ([www.mypalmbeachclerk.com](http://www.mypalmbeachclerk.com))**

<b>Authorized Signature Required (Business Officer or Principal)</b>	<b>Position/Title</b>	<b>Date</b>

**\*\*\*VENDOR REGISTRATION FORM MUST BE FILLED IN COMPLETELY AND SIGNED IN ORDER TO CONDUCT BUSINESS WITH THE CLERK & COMPTROLLER'S OFFICE\*\*\***

**Public Entity Crimes:** As provided in Florida Statutes 287.132-133, by entering into a contract or performing any work in furtherance hereof, Vendor certifies that it, its affiliates, suppliers, subcontractors, and consultants who will perform hereunder, have not been placed on the convicted vendor list maintained by the State of Florida Department of Management Services within the thirty-six (36) months immediately preceding the date hereof. This notice is required by Florida Statutes 287.133 (3)(a)

**This section to be completed by Accounts Payable:**

<b>Added by:</b>		<b>Date:</b>		<b>Vendor ID:</b>	
<b>Approved by:</b>		<b>Date:</b>		<b>Revised 3/17/09</b>	
<b>Rejected by:</b>		<b>Date:</b>			

## Request for Taxpayer Identification Number and Certification

**Give form to the  
requester. Do not  
send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ .....	<input type="checkbox"/> Exempt from backup withholding
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number								
OR								
Employer identification number								

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**U.S. person.** Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,