



**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 percent being withheld from all future payments to you or your company. The amount withheld would then be deposited with the Internal Revenue Services (IRS).

Our office is requesting that you have these applications completed and returned to the address below or e-mail 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 Revised 7/18

W-9, Request of Taxpayer Identification Number Rev. 11-2017

*Save time. Go online.*

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

@ClerkPBC  

301 North Olive Avenue, 9th Floor  
West Palm Beach, Florida 33401

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

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



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**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 _____		
<b>Registered to do business in the State of Florida</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (provide a print screen from Sunbiz.org of the registration)		
<b>Federal ID #:</b>		<b>A completed IRS W-9 form must be submitted with this registration form in order to conduct business with the Clerk &amp; Comptroller's Office of Palm Beach County</b>
<b>Briefly describe type of product or service provided:</b> <input type="checkbox"/> Product  <input type="checkbox"/> Service		

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:** \_\_\_\_\_

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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: \_\_\_\_\_

**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.**

*Place a check in box if you were ever employed by the Clerk & Comptroller's Office of Palm Beach County.*

We agree to only process purchase requests that are authorized by the issuance of a valid purchase order received from the Procurement Department of the Clerk's office and any departure from this requirement may result in discontinuation of business with the Clerk's office.

<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\*\*\***

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**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)

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**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 7/18</b>	
<b>Rejected by:</b>		<b>Date:</b>			