



# CLAY COUNTY SHERIFF'S OFFICE

## Vendor Maintenance/Registration Form

Section 1: Vendor Setup/Update (To be completed by Purchasing Section.)					
Vendor Number		<input type="checkbox"/> Add New Vendor	<input type="checkbox"/> Change Existing Vendor		
Section 2: Company Profile and Contact Information (To be completed by Requestor or Vendor)					
Social Security number or Federal Employer's Identification Number					
Business Name					
Business Fax Number		Business Phone Number			
Physical Address					
City		State		ZIP code	
Contact Person		Direct Office Number			
Cell Phone Number		Contact Person's Email			
<b>Description of Services/Commodities:</b>					
Section 3: Payment Information (To be completed by Requestor or Vendor)					
Addressee					
Mailing Address					
City		State		ZIP Code	
Billing Contact Person		Direct Office Number			
Cell Phone Number		Billing Email			
ACH (Direct Deposit) Routing Number		ACH (Direct Deposit) Account Number		Account Type	
				Checking	<input type="checkbox"/>
				Savings	<input type="checkbox"/>
Section 4: Authorized Signature of Vendor					
I, the undersigned, affirm that; 1) I do not have a business or familial relationship with a CCSO employee whom may have approval authority over my services or payment which is not disclosed below; 2) I have provided a copy of a completed IRS Form W-9; and, 3) I have provided a copy of my most recent Annual Report filed with the business regulatory entity of my state of incorporation.					
Vendor Representative		Signature			
Title of Representative		Date			
The name(s) of CCSO Employee(s) whom I have a business or familial relationship with are listed in the next column (if additional lines are needed, please attach a separate sheet of paper):					
Section 5: Authorized Signature of CCSO Member Requesting Change					
I, the undersigned, have reviewed the information provided by the Vendor and affirm that; 1) I do not have a business or familial relationship with said Vendor which is not disclosed below; 2) the Vendor has provided a copy of their IRS Form W-9; and, 3) the Vendor has provided documentation supporting that they are an active corporation recognized by their state of incorporation.					
Employee Name		Signature			
ID Number		Date			
The type of business or familial relationship I have with the Vendor is listed in the next column (if additional lines are needed, please attach a separate sheet of paper)					
For Clay County Sheriff's Office Purchasing Section Use Only			<b>Send the Original Form along with a Completed W-9 and annual report to:</b> <a href="mailto:purchasing@claysheriff.com">purchasing@claysheriff.com</a> Attn: Purchasing Section		
<b>Comments:</b>					
Entered by:					
Approved by:					