

Vendor Registration

Remittance Instructions and Information Form

Instructions to create a new account or revise an existing account with the City of Sanford.

1. **Section 1:** Vendor must complete the following section(s). If handwritten, print clearly. Typed entries are preferred.
 - a. Section 1: Check off new vendor or updating vendor account. If the account is being updated department is to provide the **Vendor Account number**. Departments are required to provide vendor account information to update the vendor(s) account.
 - b. Remittance (Vendor) information; provide accurate legal information. This information is where the check is going to be mailed to. If the city is paying the vendor through ACH, an email address must be provided. An email(s) will be sent to the contact's email address notifying the vendor that the city sent funds electronically. The first payment is pre-noted to ensure account accuracy.
 - c. Complete business address, city, state and zip code where the check will be mailed out to.
 - d. Provide a business phone or cell phone number to the contact person on the form.
 - e. Provide a business email address to the contact person who is receiving the check, if someone resigns, please contact the city and update the city records. Include the business webpage, if any.
 - f. Provide the business federal Tax Identification Number (TIN) that the business is registered under for tax purposes.
 - i. Include a copy of your state registration confirmation (Florida Division of Corporations) <https://services.sunbiz.org>.
 - ii. ALL vendors are required to be registered with the state in order to do business with the City per **Florida Statute Chapter 607.1501**.
 - iii. If the business is an individual, provide your social security number.
 - iv. If the IRS has issued a Tax Identification Number (TIN), it is our standard procedure to use the vendor's TIN rather than their Social Security Number.
 - v. You do not need to include both, either the Tax Identification Number (TIN) or social security number depending on how the business is registered.
 - g. Corporate numbers must be provided, if there is a different location please provide that information.
 - h. Ensure the remittance name and **"Name on Checks"** match official tax records (IRS records).

2. **Section 2:** Vendor Information for Purchase Orders

- a. Vendor(s) are to include the business name, address, city, state and zip code for purchase orders to be mailed. If the account is the same as the remittance address, then state **“same as above”** and **DO NOT** complete **Section 2**. If the address is a different location for **purchase orders** you must complete **Section 2**. **All purchase orders will be mailed to that address.**
- b. Provide a business phone or cell phone number to the contact person who is receiving the purchase order.
- c. Provide a business email address to the contact person who is receiving the purchase order, if someone resigns, please notify the city and update the city records. Include the business webpage, if any.

3. **Section 3:** Detailed Description for Goods and Services

- a. Provide a detailed description of goods and services. For example, ABC provides installation and repairs services for P225/70R16 tires.

4. **ACH Payment Instructions-**

- a. Provide the registered business name
- b. Provide an active email address. This email address will be used to contact the account receivable that funds are being submitted by the city for specific goods or services.
- c. Provide a corporate phone number or the accounts payable telephone number where the city can verify account information.
- d. Provide the bank full name for the business account.
- e. Provide the bank routing number (nine-digits) for the business account.
- f. Provide the vendors bank account numbers where funds will be distributed.
- g. Select one of the following a check or savings account
- h. Email address to the ACH must be kept updated, if there are any changes to the vendor(s) account, please notify the city immediately.
- i. The first biweekly EFT will be a PRE-NOTED and check mailed. An ACH Remit Advice will be sent to the above email address with a zero balance to verify account.
- j. If the account does not have any issues, the next biweekly payment will be distributed to vendor's bank account via ACH.
- k. If there is a problem with the vendor(s) ACH account a city employee will contact the vendor to verify account information.



VENDOR REGISTRATION FORM

☐ New Vendor ☐ Update Vendor Account/ Provide Vendor #_____

SECTION 1: REMITTANCE INFORMATION

Remittance Name _____

Address _____

City _____

State _____

Zip _____

Telephone _____

Contact Person _____

Email _____

Web address (if any) _____

Tax Identification Number (TIN) _____

or Social Security Number (Individual) _____

Corporate /Main Phone Number _____

Name on Checks _____

SECTION 2: VENDOR INFORMATION FOR PURCHASE ORDERS

Vendor/Business Name _____

Address _____

City _____

State _____

Zip _____

Telephone _____

Contact person _____

Email _____

Web Address (if any) _____

SECTION 3: DETAILED DESCRIPTION

Clearly describe below the goods or services you provide.



Electronic Funds Transfer (ACH) Enrollment Form

If you wish to enroll in ACH, you **MUST fill** out the information below.

Vendor Name

Tax Identification Number (TIN)(required)

Email address (required)

Corporate/Main Phone #

Bank Name

ACH Routing #

Account #

Please select one of the following: ☐ Checking Account ☐ Saving Account

Email addresses are used for payment notifications and must be kept up to date when staff changes.

The first biweekly EFT will be a PRE-NOTED, and a check will be mailed. An ACH Remit Advice will be sent to the above email address with a zero balance.

FOR THE SECURITY & INTEGRITY OF YOUR ACCOUNT, CHANGES TO THE ACH ACCOUNT MUST BE VERBALLY VERIFIED BY A PURCHASING AGENT WITH A REPRESENTATIVE IN YOUR ACCOUNTING DEPARTMENT. FAILURE TO DO SO, WILL RESULT IN YOUR ACCOUNT REMAINING ON CHECK ONLY STATUS.

STOP HERE!!! FOR CITY STAFF USE ONLY: Must be completed by City Staff only!

Name and Title (Vendor Information)

Vendor Phone Number

Purchasing Agent (Name)

Date

STOP HERE!!! FOR CITY STAFF USE ONLY: Must be completed by City Staff only!

Please use the H.T.E or the City's intranet to get the commodities and sub-commodities, write the number below that pertains to this vendor submit this with your vendor form. Incomplete forms will be forwarded to the appropriate departments. Thank you, Purchasing Division.

Complete the below (if known) commodity codes **(6-digit code)**

Commodity		Sub-Commodity
_____	-	_____
_____	-	_____
_____	-	_____
_____	-	_____
_____	-	_____
_____	-	_____
_____	-	_____
_____	-	_____
_____	-	_____
_____	-	_____

Must be completed by the Department:

Requested by (*Print Clearly or Type*) _____ Date _____

Department/ Division _____