



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		Email Address		
Description of Services/Commodities:				
Section 3: Payment Information (To be completed by Requestor or Vendor)				
Addressee				
Mailing Address				
City		State		ZIP Code
Contact Person		Direct Office Number		
Cell Phone Number		Email Address		
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 familar 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 familar 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			Send the Original Form along with a Completed W-9 and annual report to: purchasing@claysheriff.com Attn: Purchasing Section	
Comments:				
			Entered by:	
			Approved by:	