



CLAY COUNTY SHERIFF'S OFFICE

Vendor/CCSO Member
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: Business Profile and Contact Information (To be completed by Vendor)					
Social Security Number or Federal Employer's Identification Number					
Business Name					
Contact Phone Number			Contact Email Address		
Contact Cell Number					
Billing Street Address					
City		State		ZIP code	
Billing Contact Person			Billing Office Number		
Billing Contact Email					
ACH (Direct Deposit) Routing Number		ACH (Direct Deposit) Account Number		Account Type	
				Checking	<input type="checkbox"/>
Description of Services/Commodities:					
Section 3: Authorized Signature of Vendor					
I, the undersigned, affirm that; 1) I do not have a business or familial relationship with a CCSO member 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 Member(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 4: CCSO Member Setup/Update (To be completed by Purchasing Section.)					
Vendor Number		<input type="checkbox"/> Add New Member	<input type="checkbox"/> Change Existing Member		
Section 5: CCSO Member Information (To be completed by CCSO Member)					
Member Name			OSN #		
Bank Name					
ACH (Direct Deposit) Routing Number		ACH (Direct Deposit) Account Number		Account Type	
				Checking	<input type="checkbox"/>
Section 6: Authorized Signature of CCSO Member Requesting Setup/Change					
Member Name			Signature		
OSN #			Date		
For Clay County Sheriff's Office Purchasing Section Use Only			Send the Original Form along with a Completed W-9 and annual report to:		
Comments:			purchasing@claysheriff.com		
			Attn: Purchasing Section		
			Entered by:		
Approved by:					