Vendor Maintenance Registration Form

Please submit W-9 when submitting this form.

Disclosure: Under the Board's Purchasing Policy, employees are not authorized to order goods or services without first obtaining a valid Purchase Order Number. The County will not be liable for payment for goods or services that are ordered in violation of this policy.

Vendor Number: _____ ☐ Add ☐ Change

(To Be Completed By Purchasing Department)

Clay County Purchasing Division
PO Box 1366, 477 Houston Street
Green Cove Springs, FL 32043
Phone: 904-278-3766
Fax: 904-278-3728
www.claycountygov.com/purchasing

Vendor Name:

Address:

Address:

City:

State: **Zip Code:**

Contact name:

Fax:

E-Mail Address:

Phone:

Web Address:

Services/ Commodities:

The Internal Revenue Service requires that we file Form 1099 for certain vendors receiving payments for $600.00 or more during a calendar year.

The IRS may assess a $50.00 penalty for each failure to provide a Taxpayer ID Number. Also we are required to withhold 28% for Federal Income Tax purposes for payment to vendors who fail to provide us with their Tax ID Numbers.

Remittance Address if different from above:

Address:

Address:

City:

State: **Zip Code:**

Contact:

Phone:

Taxpayer ID #:

Conflict of Interest Disclosure:

County Employee: ☐ Yes ☐ No

An outside personal economic relationship which affords present or future financial benefits to an employee, his family or to individuals with whom he has business or financial ties may be considered a conflict of interest requiring evaluation by the County Manager.

This certifies that neither my family nor myself are employees of the County and will benefit financially by doing business with Clay County.

Signature: _____

Please click here to download the W-9 Form. This form is to be completed and faxed to: 904-278-3728

_____ Department Requesting Form

_____ Employee Signature

_____ Vendor Signature

PRINT SUBMIT