

**POLK COUNTY SHERIFF'S OFFICE  
BUSINESS SERVICES DIVISION / PURCHASING SECTION  
Vendor Registration Form**

**1. Business Name:** \_\_\_\_\_  
2. d/b/a (if applicable): \_\_\_\_\_  
3. Physical Address: \_\_\_\_\_  
4. City, State, Zip: \_\_\_\_\_

**5. Payable To:** \_\_\_\_\_  
6. Remittance Address: \_\_\_\_\_  
7. City, State, Zip: \_\_\_\_\_

<b>8. Telephone Numbers:</b>	<b>9. Contact Persons:</b>
Billing ( ) _____	Billing _____
Fax ( ) _____	Sales _____
Sales ( ) _____	Shipping _____

---

---

**10. Type of Organization:** *(Please Check One)*

Individual/Sole Proprietor       Corporation       Partnership

11. If Partnership, is name legally registered?       Yes       No

**12. Taxpayer Identification Number:** \_\_\_\_\_  
*(Number the company reports income taxes under)*

**13. Do you want Direct Deposit Payments**       Yes       No  
**If yes, provide email address for Direct Deposit Notices:** \_\_\_\_\_

---

---

14. Date established in area: \_\_\_\_\_  
15. Name of Principle Owner or CEO: \_\_\_\_\_  
16. Occupational License Number: \_\_\_\_\_  
17. Florida Minority Certificate:       Yes       No      (Please enclose copy)

**18. Products / Services Provided:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**19. List 3 Business References with Phone Numbers:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Polk County Sheriff's Office  
Vendor Registration Form  
Instructions for Completion**

Please see below for instructions on completing our Vendor Form. If, at any time, you have questions or need assistance, please do not hesitate to contact Purchasing at 863.413.2882 and speak to any agent.

1. **Business Name** – Legal Name of Company.
2. **d/b/a** – Doing Business As.
3. **Physical Address** – Physical location of your business.
4. **City, State, Zip** – City, State and Zip Code of your physical address.
5. **Payable to:** Name you would like your check/payment made.
6. **Remittance Address** – Post Office Box or physical address.
7. **City, State, Zip** – City, State and Zip Code where your check will be mailed.
8. **Telephone Numbers:**
  - Billing** – Contact phone number for questions regarding invoicing.
  - Fax** – Number where purchase orders may be faxed.
  - Sales** – Sales department phone number.
9. **Contact Persons:**
  - Billing** – Accounts Representative's name.
  - Sales** – Sales Representative's name.
  - Shipping** – Shipping contact person's name, if applicable.
10. **Type of Organization** – Please check the appropriate box.
11. **If Partnership, is name legally registered?** Check applicable box.
12. **Taxpayer Identification Number** – Same as Federal Identification Number. If Sole Proprietor, this number would be your Social Security Number.
13. **Direct Deposit** – If you want payments by Direct Deposit you will be contacted by our accounts payable office for banking information
14. **Date Established in Area** – This is the date – day/month/year – that you began doing business.
15. **Name of Principal Owner or CEO.**
16. **Occupational License Number** – Number assigned to your business from the state.
17. **Florida Minority Certificate** – If you are a Minority Owned Business, please provide certificate.
18. **Products/Services Provided** – Services or products that your company sells.
19. **List 3 Business References with Phone Numbers** – Company names and phone numbers that you have supplied products and/or services to.

Once completed, this form can be emailed, faxed, or mailed to the following:

**Email:** [purchasing@polksheriff.org](mailto:purchasing@polksheriff.org)

**Fax Number:** 863.413.2892

**Mailing Address:** Polk County Sheriff's Office  
Central Services Bureau  
Purchasing Section  
3705 US Highway 98 South, Unit #14  
Lakeland, Florida 33812-4269