



Purchasing

1601 NW 136th Avenue, Bldg. A · Sunrise, FL 33351 · P: 954.572.2274 F: 954.572.2278

VENDOR INFORMATION FORM

NAME OF COMPANY: _____

MAILING ADDRESS: _____ PHONE: _____

_____ FAX: _____

CONTACT PERSON: _____

PRIMARY PRODUCT / SERVICE: _____

OTHER: _____

Federal I.D. # / S.S. #: _____ Years in Business: _____ # of Employees _____

Additional Florida Branch Office Locations: _____

Have you previously worked for The City of Sunrise? Yes _____ No _____

Have you ever been disbarred / suspended from doing business with any government entity? Yes _____ No _____

NOTE: INSURANCE REQUIREMENTS: The City of Sunrise must be named as Additional Insured for general liability on any required insurance.

THIS FORM IN NO WAY CONSTITUTES ANY OBLIGATION OR COMMITMENT ON THE PART OF THE CITY.

SOCIAL SECURITY NUMBER COLLECTION DISCLOSURE STATEMENT

Please be advised that pursuant to Section 119.071(5)(a)2.a., Florida Statutes the City of Sunrise (“City”) discloses that the City requests your social security number for the purpose of payroll eligibility verification, processing employment benefits, income reporting, tax reporting, background checks on employee applicants, advisory board applicants and other City program volunteers. Social security numbers are also used as a unique numeric identifier and may be used for search purposes.