



CITY OF WEST PALM BEACH
Office of the City Attorney
Procurement Division
401 Clematis Street, 5th FL
West Palm Beach, FL 33401
Tel: 561-822-2100
TTY: 800-955-8771

VENDOR APPLICATION

Email completed W9 Form & Vendor Application to: Procurement@wpb.org

Firm Name: _____
(Reporting Name As registered with Florida Secretary of State) Federal ID or SSN (if individual)

DBA (Doing Business As): _____
(If applicable)

If services 1099 Reportable (i.e. if Sole Proprietor; Individual; Partnership; LLC; Law Firm), Select Type:

- 1099-NEC 1 non-employee compensation
- 1099-MISC 1 rent
- 1099-MISC 3 other income payments
- 1099-MISC 6 medical and health care payments

Specify if Firm or DBA will issue invoice/receive payment: Firm Name OR DBA

Remit To Name: _____
(Specify Firm Name OR DBA)

Remit To Address: _____

City: _____ State: _____ Zip Code: _____

Principal Address: _____

City: _____ State: _____ Zip Code: _____

Principal Line of Business: _____

Commodity / Goods AND/OR Service / Professional Service (check all that apply)

List NIGP Code(s) corresponding to description of Goods and/or Services Provided:

Is Firm a certified Small Business with City, Palm Beach County or School District of Palm Beach County?

Yes (Provide documentation) OR No

Completed By: _____ Title: _____

Tel: _____ Email: _____

Date Completed: _____