



VENDOR REGISTRATION FORM

Please carefully review and complete this registration form. The requested information is necessary to register individuals or entities with the Coalition that are to provide goods and/or services and requirement payment as reimbursement. Once completed, the form may be sent via email to cgarcia@elcosceola.org.

Legal Name	
Business Name /DBA <i>(If Different)</i>	

Physical Contact Information		Billing Contact Information
Address:		
City, State, Zip:		
Phone Number:		
Email:		

Contact Person:	Entity Type
Title:	☐ Sole Proprietor
Email:	☐ Partnership
Owner/Director:	☐ Corporation
Date Established:	☐ LLC
State of Incorporation:	☐ Other: _____

Are you certified as a Minority Business Enterprise? <i>(yes or no)*</i>	
Do you provide discounts to non-profit organizations? <i>(yes or no)*</i>	
Will you donate materials to non-profit organizations? <i>(yes or no)*</i>	

**If "yes" please provide verification or informative documents.*

Describe Products and/or services provided

CERTIFICATION

I, the undersigned, hereby certify that the information in this application is a full, true, and complete statement of facts.

Authorized Signature: _____

Date: _____

Printed Name: _____

Title: _____