



## Vendor Registration Form

Please carefully review and complete this registration form and the accompanying IRSW-9 form. The requested information is necessary to register individuals and entities with the Coalition to provide goods and /or services and require payment as reimbursement. Once completed, the forms may be returned to the ELCOC via e-mail to [swong@elcosceola.org](mailto:swong@elcosceola.org), fax at 407-933-5012 and /or mail to the address provided near the bottom of the form. For verification purposes, it is important that the information on this form match that provided on the accompanying W-9.

Legal Name: \_\_\_\_\_

Business Name /DBA (If Different): \_\_\_\_\_

|  |   |
|--|---|
| <b>Physical Contact Information:</b><br>Address: _____<br>City, State Zip: _____<br>Phone: _____<br>Fax: _____ | <b>Billing Contact Information (If Different):</b><br>_____<br>_____<br>_____ |
|--|---|

|  |  |
|--|--|
| <b>Contact Person:</b> _____<br><b>Contact Title:</b> _____<br><b>Contact E-mail:</b> _____<br><b>Owner /Director:</b> _____<br><b>Date Established:</b> _____<br><b>State of Incorporation:</b> _____ | <b>Entity Type:</b><br><input type="checkbox"/> Sole Proprietor<br><input type="checkbox"/> Partnership<br><input type="checkbox"/> Corporation<br><input type="checkbox"/> LLC<br><input type="checkbox"/> Other: _____ |
|--|--|

ALL Invoice Billing Terms MUST be Net 30 \*for other considerations contact the Procurement Specialist

|   |                         |
|---|-------------------------|
| Are you certified as a Minority Business Enterprise? * _____<br>Do you provide discounts to non-profit organizations? * _____<br>Will you donate materials to non-profit organizations? * _____<br>Products and /or services provided: _____<br><small>* If "yes" - please provide verification or informative documents.</small> | _____<br>_____<br>_____ |
|---|-------------------------|

|   |              |
|---|--------------|
| <b>Certification:</b><br>I, the undersigned, hereby certify that the information in this application is a full, true, and complete statement of facts. I understand that if I do not provide a complete W-9 statement payments will be subject to backup withholding per IRS form W-9 instructions. |              |
| Authorized Signature: _____   | Date: _____  |
| Printed Name: _____   | Title: _____ |

|                                     |
|-------------------------------------|
| <b>ELCOC Procurement Department</b> |
| W-9 Complete: _____                 |
| SAM.gov Check: _____                |
| CMBE Check: _____                   |

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|--|
| Vendor Registration Packet Mailing Address |
| Early Learning Coalition of Osceola County |
| Attn: Susanna Wong                         |
| 1631 E Vine Street, Ste E                  |
| Kissimmee, FL 34744                        |

Notes:

**FREE PREKINDERGARTEN FOR YOUR FOUR YEAR OLD:** If you live in Florida and have a child who turned 4 years of age by September 1st, your child is eligible for Florida's FREE Voluntary Prekindergarten Program (VPK). VPK classrooms offer high-quality programs that include literacy standards, developmentally appropriate curricula, manageable class sizes, and qualified teachers. For more information call (407) 933-5353

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