



Mailing Address:
 SOUTH FLORIDA WATER MANAGEMENT DISTRICT
 Procurement Department
 P.O. Box 24680
 West Palm Beach, FL 33416-4680

FOR SFWMD USE ONLY

Vendor No. _____

Date Entered _____ Entered By _____

FAX Number: (561) 681-6275

BUSINESS REGISTRATION APPLICATION

Check those that apply to your firm:

- | | | | | |
|--|---|--|--|--------------------------------------|
| <input type="checkbox"/> New application | <input type="checkbox"/> A Florida based firm | <input type="checkbox"/> Competitive (01) | <input type="checkbox"/> Membership (05) | <input type="checkbox"/> Corporation |
| <input type="checkbox"/> Revised application | <input type="checkbox"/> A USA non-Florida based firm | <input type="checkbox"/> Gov't Agency (02) | <input type="checkbox"/> Utility (06) | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Not A USA firm | <input type="checkbox"/> College (03) | <input type="checkbox"/> Trust Fund (09) | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Individual |
| | <input type="checkbox"/> Non-Profit (04) | | <input type="checkbox"/> Other _____ | |

Insert FEID number or Social Security number under which business is conducted.

FEID #	Social Security Number
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Company Name

Parent Company Name or DBA (if applicable)

Mailing Address

City	State	Zip
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County	Country (If not a USA firm)
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Remittal Address (If different than mailing address)

City	State	Zip
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County	Country (If not a USA firm)
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Business Contact Person

Phone Number	Fax Number	E-Mail Address
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Billing Contact Person

Phone Number	Fax Number	E-Mail Address
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In this section, MAKE ONLY 1 SELECTION, FROM THE 3 BOXES, that best describes your company.

Business Classification		
<input type="checkbox"/>	Non-Minority	(D)
<input type="checkbox"/>	Small Business-State *	(G)
<input type="checkbox"/>	Small Business-Federal	(O)

51% Minority-Owned & Operated	
<input type="checkbox"/>	African American (I)
<input type="checkbox"/>	Hispanic American (J)
<input type="checkbox"/>	Asian American (K)
<input type="checkbox"/>	Native American (L)
<input type="checkbox"/>	American Woman (M)

Non-Profit Organization	
<input type="checkbox"/>	51% or more Minority Board of Directors (P)
<input type="checkbox"/>	51% or more Minority Officers (Q)
<input type="checkbox"/>	51% or more Minority Community Served (R)
<input type="checkbox"/>	Other Non-Profit (S)

* Described as employing 200 or fewer full time employees and together with its affiliates has a net worth of not more than \$5 million; and is domiciled in the State of Florida

ONLY list the 5 digit codes for the commodities/services directly supplied by your organization.

5 digit codes are available at: <http://www.sfwmd.gov/org/mso/pro/comm699.htm>

Use additional sheets if more codes are needed.

Prompt Payment Terms:

- | | | | | | |
|-------------------------------------|-------------------------------------|---------------------------------|---------------------------------------|---------------------------------------|--------------------------------|
| <input type="checkbox"/> 1%-10 days | <input type="checkbox"/> 2%-10 days | <input type="checkbox"/> Net 30 | <input type="checkbox"/> 1% 10th Prox | <input type="checkbox"/> 2% 10th Prox | <input type="checkbox"/> Other |
|-------------------------------------|-------------------------------------|---------------------------------|---------------------------------------|---------------------------------------|--------------------------------|