

Vendor Business Profile

Vendor should complete all requested information as indicated by the 'grey' boxes

Identification Information:			
Vendor Name (Legal Name & d/b/a):			
Corporate Address:		Phone Number:	
City, State & Zip Code:		Fax Number:	
Remit to Address:		Email Address:	
City, State & Zip Code:		Web Address:	

Contact Information:			
Name:		Phone Number:	
Title:		Email Address:	

Vendor Information:		
1. Describe the type of business or service provided:		
2. Is the vendor a 1099 recipient?		
3. List the Appropriate Federal Tax Classification (Sole Proprietor, C-Corp, S-Corp, Partnership, LLC, Other)		
4. Is the vendor at least 51% owned, controlled and actively managed by a minority person?		
If yes to #4, submit the State of Florida MBE/WBE Certification Number		
If yes to #4, list the appropriate minority classification: (African American, Hispanic, Asian American, Native American, American Woman, Service Disabled Veteran)		
5. Conflicts of Interest: List any state employee who owns, directly or indirectly, an interest of five percent or greater in the firm or any of its branches		
6. List the officers of the corporation, partners or principal members of the firm and their titles	Name/Title	
	Name/Title	
	Name/Title	
	Name/Title	
It is the sole responsibility of the vendor to promptly notify SJR State College with any and all changes to this application.		
Certification: I certify that the information supplied herein (including all attachments) is correct to the best of my knowledge. I further certify that in doing business with the State of Florida, my firm is in compliance with Chapter 112, Florida Statutes, conflicts of interest and that I have disclosed the name of any state employee who owns, directly or indirectly, an interest of five percent or greater in the above firm or any of its branches.		
All vendors are required to complete this form in its entirety. The vendor is required to submit a valid tax form (W-9) along with the completed Vendor Business Profile Form to the purchasing department. Forms may be emailed to purchasingdepartment@sjrstate.edu or faxed at 386-312-4167. Please call the purchasing department if you have any questions 386-312-4200.		
Name of Person Completing Form:		Date:
Name of Person at SJR State College Requesting Vendor to Complete the Vendor Business Profile		