EARLY LEARNING COALITION OF ORANGE COUNTY

Vendor Registration Form

DIVISION OF Early Learning
LEARN EARLY. LEARN FOR LIFE.

Please carefully review and complete this registration form and the accompanying IRS W-9 form. The requested information is necessary to register individuals and entities with the Coalition that are 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 salava@elcoc.org, fax at 407-749-0282, 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): _____

Physical Contact Information:	Billing Contact Information *(If Different):*
Address: _____	_____
City, State Zip: _____	_____
Phone: _____	_____
Fax: _____	_____

Contact Person: _____

Contact Title: _____

Contact **E-mail:** _____

Owner / Director: _____

Date Established: _____

State of Incorporation: _____

Entity Type:

- ☐ Sole Proprietor
- ☐ Partnership
- ☐ Corporation
- ☐ LLC
- ☐ Other: _____

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

Are you certified as a Minority Business Enterprise?* _____

Do you provide discounts to non-profit organizations?* _____

Will you donate materials to non-profit organizations?* _____

Products and / or services provided: _____

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

Certification:

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: _____

ELCOC Procurement Department

W-9 Complete: _____

SAM.gov Check: _____

CMBE Check: _____

Vendor Registraiton Packet Mailing Address

Early Learning Coalition of Orange County
Attn: Procurement Specialist
7700 Southland Blvd, Suite 100
Orlando, FL 32809

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) 532-4254.