

Please key in data
online **BEFORE** printing

COUNTY OF VOLUSIA
VENDOR INPUT FORM

Handwritten forms
Will Not be accepted
Fax to (386) 736-5972

Do not enter anything in the red bordered areas. You may use your computer to enter information in all other fields.

Requested by: _____ Date: _____
Dept/Div _____
Keyed by: _____ Date: _____

Add Change Delete

Vendor Type If business is located within Volusia Co. (V)

BIDDER/ORDERING INFORMATION

(Ven2 screen)

Vendor Number _____
Vendor Name _____
Address _____
Address _____
City _____
St _____ Zip _____
Contact _____
Phone _____

Vendor Number to end in an alpha character

(Vcom screen)

Commodity Codes - Refer to listing _____

(Ven3 screen)

D/ M / WBE Indicator(s) Check those that apply

Black (A) Hispanic (B) Native American (C)
 Asian/Pacific (D) Asian/Indian (E)
 Women (L) Disadvantaged (K)

REMIT TO INFORMATION

(Ven2 screen)

Vendor Number _____
Vendor Name _____
Address _____
Address _____
City _____
St _____ Zip _____
Contact _____
Phone _____

Vendor Number to end in a numeric character

OWNER INFORMATION (used for 1099 reporting)

Vendor Name _____
Address _____
Address _____
City _____
St _____ Zip _____

(Ven3 screen Report Fields)

Will accept payment via Purchasing Card (VISA) (Y Box 6)
 Would like payment electronically (EFT) (Y Box 7)

ID Type 1 - Federal ID Number (TIN)
 2 - Social Security Number (SS#)

1099 Indicator Y - Reportable Vendor N - Non Reportable

* Must show person's name as owner if using SS #

Taxpayer ID # _____

Type of business: A-Attorneys (reportable vendor)
 M-Medical Groups (reportable vendor)
 P-Partnerships (reportable vendor)
 S-Sole Proprietor (reportable vendor)

C-Corporation (non-reportable vendor)
 G-Governmental (non-reportable vendor)
 N-Not-for-Profit Org. (non-reportable vendor)
 E- Employee T-Non Employee Travel Reimb.

(Ven4 screen)

Fax _____ Mobile _____
E-Mail Address _____ Pager _____
Pin _____
Web Address (V.C.) _____