



VENDOR REGISTRATION



CITY OF LAUDERDALE LAKES
 4300 North West 36th Street
 Lauderdale Lakes, Florida, 33319
 Telephone (954) 535-2722
 Facsimile (954) 535-1892
PurchasingOffice@Lauderdalelakes.org
www.lauderdalelakes.org

PLEASE TYPE OR PRINT

Correspondence Address to which bid request(s) and other communication(s) are to be sent:

Legal or Parent Company Name (name must match name listed with Federal IRS ID Number or Social Security Number)

Or

Additional Company Name, Branch, Division

Check Here if this is a "Doing Business As" Concern

Street Address

P.O. Box Number

City

State

Zip Code

City

State

Zip Code

Company Official/Principal:

Name

Position/Title

Name

Position/Title

Name

Position/Title

Contact Information:

Contact Person

Telephone Number (Required)

Facsimile Number (Required)

Position/Title

E-Mail Address (Required)

Toll Free Number

Business Information:

Legal Standing

- Individual
- Partnership
- Corporation
- Other

Classification

- Manufacturer
- Distributor
- Representative
- Dealer
- Retailer

Principal Line of Business

Federal ID Number or Social Security Number:

Customer Service Support:

Contact Person	Number
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After Hours Customer Service Support (for Emergency):

Contact Person	Number
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Business Hours:

Invoice Payment Terms:

Remittance Address:

Street Address	P.O. Box Number
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City	State	Zip Code	City	State	Zip Code
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Please provide additional information on products/services and commodity codes on a separate sheet, if applicable.

Licenses and Certifications:

City Occupational License Number:

Expiration Date:

Additional License and Certifications:

Expiration Date:

Authorized Signature:

Name

Title

Date

For internal use only

Checked by: _____



Financial Services Department

4300 NW 36th Street Lauderdale Lakes, FL 33319-5599

Phone (954) 535-2714 Fax (954) 535-1892

www.lauderdalelakes.org

Dear Vendor,

The City of Lauderdale Lakes now has a direct deposit option for our vendors. Enrollment in the Electronic Funds Transfer (EFT) Payment Program will provide for a more timely payment on your invoices. If you would like to participate in the EFT Payment Program, please complete the attached EFT Form and include a voided check or deposit form from a checking/savings account and have your banking institution complete the Bank Certification section.

Please be aware that the first payment will be a pre-note. A pre-note is a one-time payment confirmation to ensure the accuracy of your account and routing numbers. Once confirmed, all payments thereafter will be provided in an EFT payment.

The EFT authorization will remain in full force and effect until the City of Lauderdale Lakes and your Banking Institution have received a written notice of termination. Please provide a notice of termination in a timely manner to afford the City of Lauderdale Lakes and your Banking Institution reasonable opportunity to process it.

Send your completed form along with a **VOIDED CHECK** or a deposit slip if you provide a savings account information via email to: ap@lauderdalelakes.org, to the following mailing address:

City of Lauderdale Lakes
Attn: Accounts Payable
4300 NW 36th Street
Lauderdale Lakes, FL 33319-5599
Or Fax to Accounts Payable at (954) 535-1892

You may also gain access to the EFT Form on our website at www.lauderdalelakes.org under the Financial Services Administration Division. Please send any address changes to the attention of our email or mailing address listed above to continue receiving important information regarding the account.



Financial Services Department

4300 NW 36th Street Lauderdale Lakes, FL 33319-5599

Phone (954) 535-2715 Fax (954) 535-1892

www.lauderdalelakes.org

Authorization Agreement for Automatic Deposits (ACH Credits)

Vendor Name: _____

Address: _____ City, State, Zip: _____

Contact Phone #: _____ Email: _____

Complete the General Information and Bank Certification Sections. The Bank Certification section must be completed by your banking institution. A voided check or a savings account deposit form must also accompany this application. **Please Note: Temporary or starter checks and deposit forms will not be accepted. All banking institutions must be within the United States.****

General Information Section:

Checking or Savings Bank Name: _____

Address: _____ City, State, Zip: _____

Bank Transit / ABA Routing #: _____ Account #: _____

Bank Certification Section:

I certify that the above referenced banking account information belongs to _____ and is factual without any errors or omissions.

Banking Officer's Signature

Date

Print Name

Telephone Number

Title

Vendor Payee Authorization

Authorized Signature

Witness' Signature

Print Name

Print Name

Title

Title

Date

Date

By signing the Vendor Payee Authorization, you hereby authorize the City of Lauderdale Lakes to deposit any amounts owed by initiating credit entries to your account designated above at the banking institution (hereinafter "Bank"). Furthermore, you are authorizing Bank to accept and to credit any credit entries indicated by the City of Lauderdale Lakes to your account. In the event the City of Lauderdale Lakes deposits funds erroneously into your account, you authorize the City of Lauderdale Lakes to debit your account for an amount not to exceed the original amount of the credit error.