

# VENDOR REGISTRATION



CITY OF LAUDERDALE LAKES  
4300 North West 36<sup>th</sup> Street  
Lauderdale Lakes, Florida, 33319  
Telephone (954) 535-2722  
Facsimile (954) 535-1892  
[Purchasing@Lauderdalelakes.org](mailto:Purchasing@Lauderdalelakes.org)  
[www.lauderdalelakes.org](http://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 as listed with Federal IRS ID Number)

\_\_\_\_\_  
Additional Company Name, Branch, Division or

\_\_\_\_\_  
Check Here if this is a "Doing Business As"

\_\_\_\_\_  
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

\_\_\_\_\_  
Facsimile Number

\_\_\_\_\_  
Position/Title

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
Toll Free Number

**Business Information:**

Legal Standing

- Individual
- Partnership
- Corporation
- Other

Classification

- Manufacturer
- Distributor
- Representative
- Dealer
- Retailer
- Non-Profit Organization

**Principal Line of Business**

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**Federal ID Number:**

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**Customer Service Support:**

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

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Contact Person	Number
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**Business Hours:**

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**Remittance Address:**

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Street Address	P.O. Box Number
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City	State	Zip Code	City	State	Zip Code
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**PAYMENT:** Payment, unless otherwise stated to the contrary in Purchase Order, shall be net thirty (30) days after acceptance by the City of the delivery of the goods and services and receipt of an acceptable invoice. For those goods and services which also require installation, the thirty (30) day period shall not commence until acceptance of the installation.

**Products/Services:**

This information will be used to establish a bidders list. Please indicate all products/services you are capable of providing and be sure to reflect the corresponding 5 Digit Commodity Code. A complete listing of Commodity Codes is available on the City's website.

Note: Products are reflected in codes **005 00** through **898 90** and **998 00** through **998 96** and Services are reflected in codes **905 00** through **992 97**. A MINIMUM OF ONE (1) COMMODITY CODE IS REQUIRED TO PROCESS THIS APPLICATION.

Products/Services	Commodity Codes

Please provide additional information on products/services and commodity codes on a separate sheet, if applicable.

**Licenses and Certifications:**

City Business Tax Receipt:

Expiration Date:

\_\_\_\_\_ /      /

Additional License and Certifications (If applicable):

Expiration Date:

\_\_\_\_\_ /      /

**References:**

*Reference Information 1:*

*Reference Information 2:*

\_\_\_\_\_ Company Name

\_\_\_\_\_ Company Name

\_\_\_\_\_ Contact Person

\_\_\_\_\_ Contact Person

\_\_\_\_\_ Telephone/Fax/Email

\_\_\_\_\_ Telephone/Fax/Email

*Reference Information 3:*

\_\_\_\_\_ Company Name

\_\_\_\_\_ Contact Person

\_\_\_\_\_ Telephone/Fax/Email

**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](http://www.lauderdalelakes.org)

Dear Vendor,

**Effective July 1, 2018**, the City of Lauderdale Lakes will begin the full implementation of direct deposit for our vendors. Enrollment in the Electronic Funds Transfer (EFT) Payment Program will provide for a more timely payment on your invoices. Please complete the EFT Form on the **reverse side** of this cover letter and include a voided check or deposit form from a checking/savings account and have your banking institution complete the Bank Certification section or provide an official letter from your bank institution verifying bank account information. **ALL** sections of the form must be completed. An incomplete form and omitted support documentation will delay the payment process.

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](mailto:ap@lauderdalelakes.org), or to the following mailing address:

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

You may also gain access to the EFT Fillable Form on our website at [www.lauderdalelakes.org](http://www.lauderdalelakes.org) under the Financial Services Department Accounting and Financial Management 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:** \_\_\_\_\_

**Accts. Receivables:**

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.

**City of Lauderdale Lakes Internal Use Only:**

**Vendor No:** \_\_\_\_\_ **Remit No:** \_\_\_\_\_ **Initials and Date Processed:** \_\_\_\_\_