



EDISON STATE COLLEGE

8099 College Parkway SW
Fort Myers, Florida 33919
Phone: (239) 489-9050
Fax: (239) 489-9399

Vendor Application

For your firm to be considered for placement on the Edison State College vendor/bid list, please complete this application and fax or mail it to the above listed fax number or address.

Company Name: _____

Mailing Address: _____

Billing Address: _____
(If different from above)

Contact Name/Title: _____

Email Address: _____

Company Webpage Address: _____

Telephone Number: _____ Fax Number: _____

Tax Filing Status: Check the box that applies, and complete the appropriate fields below.

- | | |
|---|--|
| <input type="checkbox"/> Individual/Sole Proprietor | <input type="checkbox"/> Non-Profit Organization |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Other: _____ |

Federal Tax ID and/or Social Security Number: _____

Briefly Describe Type of Business or Service Provided: _____

Officers of corporation, partners, or principal members of firm and their titles:

Name/Title: _____

Name/Title: _____

Name/Title: _____

Certified Minority Business Enterprise Yes No

If yes, please check one of the following, and include a copy of your certification with this application.

- | | |
|---|--|
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Woman Owned |
| <input type="checkbox"/> African American | <input type="checkbox"/> American Indian Alaskan |
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Asian Pacific American |
| <input type="checkbox"/> Service-Disabled Veteran | |
| <input type="checkbox"/> Other: _____ | |

To become certified with the State of Florida, visit <http://osd.dms.state.fl.us> for the Office of Supplier Diversity.

List any State of Florida or other Florida Educational or Governmental Entity contracts of which your firm is a participant: _____

It is the sole responsibility of the vendor to promptly notify Edison 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.

Signature of Authorized Individual

Date

Print Name and Title