

Tax Reporting Name	_____		
	Name shown on income tax return		
Company Name	_____		
	If applicable, DBA name for checks		
Federal Tax Identification Number	_____	OR	_____
	Employer Identification Number		Social Security Number
Type of Business:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership

Order from Information (Information for Obtaining Quotes/Purchase Order Submission)			
Street/PO Box	City	State	Zip
_____	_____	_____	_____
Contact Person Name	Title		
_____	_____		
Email Address	Website		
_____	_____		

Payment Address	<input type="checkbox"/> Same as Above		
Street/PO Box	City	State	Zip
_____	_____	_____	_____
Contact Person Name	Title		
_____	_____		
Email Address	_____		

Minority Business Status	Check all that apply to your organization
<input type="checkbox"/>	African American (person having origins in any of the black racial groups of the African Diaspora, regardless of cultural origin)
<input type="checkbox"/>	Hispanic American (person of Spanish or Portuguese culture with origins in Spain, Portugal, Mexico, South America, Central America, or the Caribbean, regardless of race)
<input type="checkbox"/>	Asian American (person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands, including the Hawaiian Islands before 1778)
<input type="checkbox"/>	Native American (person who has origins in any of the Indian Tribes of North America before 1835)
<input type="checkbox"/>	American Woman

Ability to Conduct Business		
Is your organization legally able to conduct business with public entities in the State of Florida, pursuant to Florida Statute 287.133, and with the Federal Government as per epls.gov?		
	No	Yes
At the present time, or at any time in the last twelve months, has any owner, officer, stockholder, employee or other person with an interest either directly or indirectly with your company been employed by Pensacola State College?		
	No	Yes
I certify that the information supplied herein is correct to the best of my knowledge. I further certify that in doing business with Pensacola State College my firm is in compliance with Chapter 112.313, Florida Statutes, relating to conflict of interest ( <a href="http://www.flsenate.gov/Statutes/">www.flsenate.gov/Statutes/</a> ). I agree to the Purchase Order Terms and Conditions of Pensacola State College.		
_____	_____	_____
Authorized Signature	Name and Title	Date