



Dear Vendor:

The Central Florida Community Development Corporation's (CFCDC) purchasing policies require that all purchases of goods and services have a purchase order issued. Vendors should not accept any order without a purchase order number. This will ensure that you receive the proper authority to process orders and allow timely processing of invoices. The only exception to this is for weekend emergency situations. In this case, the purchase order number will be forwarded to you as a confirmation after the fact on the next business day.

Additionally, if your company is providing a service to CFCDC, a valid Certificate of Insurance must be submitted before any work may commence. This certificate must be approved by the President and CEO and must show evidence of Commercial General Liability Coverage as well as Worker's Compensation. CFCDC must be shown as "Additional Insured" and as the "Certificate Holder". Types of insurance coverage and limits of liability may be requested as deemed appropriate. There will be no exceptions to this policy.

If your company is contracted to perform a specified job, it is expected that you will furnish all needed materials. Upon completion of job, a CFCDC representative will inspect work for compliance. Original invoice(s) are to be submitted listing the purchase order number. Any invoices received without our purchase order number will be returned to you and must be re-submitted with appropriate number. Payments will be made within ten (10) business days from the date of inspection of work or unless otherwise stated.

If you have any questions, please do not hesitate to contact me at (386) 258-7520.

Sincerely,

Christine L. Chitan

Christine L. Chitan
Accountant



Vendor Application

Please complete application and return to the Accountant at
P.O. Box 15065, Daytona Beach, Florida 32115

PLEASE TYPE OR PRINT LEGIBLY

Company Name _____

Contact Person _____ Title _____

Mailing Address _____ City, State, Zip _____

Remittance Address (If different) _____ City, State, Zip _____

E-Mail Address _____ Web Address _____

Telephone _____ Fax _____

Federal Tax ID # or SS# _____ Contractor's License No. _____

CDL# _____ No. of years in business _____

Commodity _____

INSURANCE REQUIREMENTS

*Central Florida Community Development Corporation **must** be named as additional insured for general liability on projects requiring insurance and **must** be shown as the certificate holder.*

I hereby certify that the information provided herein is correct to the best of my knowledge.

Authorized Signature _____ Date _____

Print name and title _____

Important note: Please include

- Completed W-9 (Request for Taxpayer Identification Number and Certification)
- Proof of Insurance
- Copy of driver license
- Copy of social security

For internal use only

Received by _____ Date received _____

Vendor Number Assigned _____