



Vendor Information Form (VIF)

Elite Parking Services
Financial Services Services
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Jacksonville, FL 32202

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In accordance with policy MGMT-FIN1030-105.3 all vendors doing business with Elite Parking Services are required to issue a Federal Tax Identification Number or Social Security Number, and a W9 in order to comply with federal regulations.

To ensure you or your company remain in our active vendor file, please complete this form and return to through any of the forms listed above. **Timely return of this form will assist Elite Parking Services in processing payments to you more efficiently and without a reduction in your invoice amount for tax withholdings.**

Thank you for your continued and valuable service you have provided to the Elite Parking, and we look forward to future business with you.

NOTE: All information is required to have active vendor status with Elite Parking Service

Company or Individual Name: _____

If DBA, please list name: _____

Entity Type (choose one):

Individual

Partnership

Non-Profit

Sole Proprietor

Corporation

Other-Specify: _____

Taxpayer Identification Type:

Social Security Number

(Choose and complete one)

Federal Employer ID Number _____

Order From Address:

Address _____

City _____

State _____

Zip _____

Contact Name _____

Phone _____

Extension _____

Contact E-Mail _____

Fax _____

Remit To Address:

Address _____

City _____

State _____

Zip _____

Contact Name _____

Phone _____

Extension _____

Contact E-Mail _____

Fax _____

Payment Terms:

Standard Terms:

Net _____

Time Discount Terms: Net _____ % _____ days

Commodity Type: _____

Business Classification:

(choose one)

Small Business

Large Business

Disadvantaged Small Business

Disadvantaged Large Business

Woman Owned Small Business

Woman Owned Large Business

Disadvantaged Woman Owned Small Business

Disadvantaged Woman Owned Large Business

Other-Specify: _____

Certification:

I hereby certify, under penalties of perjury, that the number shown on this form is my correct taxpayer identification number and all the information on the W9 is accurate and in fact up to date.

Printed Name _____

Signature _____

Date _____