



VENDOR INFORMATION FORM

The City of Pembroke Pines is currently implementing an enhanced Citywide Enterprise Resource Planning (ERP) system with the goal of updating our processes and improving customer service. Part of the new Tyler Technologies Munis ERP system will include a vendor management module. In addition, this new system will include a Vendor Self Service (VSS) web portal which will allow vendors to update their necessary information and documents on an as-needed basis. The City intends for this system to allow for vendors to view their Purchase Orders, Invoices, Checks and other beneficial information in real-time. Using VSS, vendors will also be able to enter and maintain their contact and remittance information, discount and payment terms, designated contact persons, and the commodity codes that represent the goods and services the vendor can provide.

While we work towards go-live with the new VSS web portal, we are requesting for vendors to complete the attached Vendor Registration Packet and submit it to accountspayable@ppines.com to help facilitate the implementation process.

MAIN CONTACT INFORMATION			
Company Name (Legal Name as filed with IRS)			
Doing Business As (DBA)			
Primary Business Address			
	City:		
	State:		Zip:
	Country:		
Remit To Address			
	City:		
	State:		Zip:
	Country:		
Order From Address			
	City:		
	State:		Zip:
	Country:		
Foreign Entity (Yes/No)			
Telephone Number			
Primary Company E-mail			
Fax			
Website			
DUNS			
Independent Contractor (Yes/No)			
Identification Number	SSN:		FID:

GENERAL PAYMENT TERMS		
Discount Percent Defines the discount percentage the vendor extends to your organization.	Days to Discount Number of days which payment must be received to claim the discount percent.	Days to Net Number of days that the vendor allows before requiring net payment.



CONTACT # 1	
Contact Name (First & Last Name)	
Description/Title/Position	
Phone (Voice)	
Phone (Text)	Opt In (Y/N):
Fax	
E-mail	

CONTACT # 2	
Contact Name (First & Last Name)	
Description/Title/Position	
Phone (Voice)	
Phone (Text)	Opt In (Y/N):
Fax	
E-mail	

CONTACT # 3	
Contact Name (First & Last Name)	
Description/Title/Position	
Phone (Voice)	
Phone (Text)	Opt In (Y/N):
Fax	
E-mail	

MINORITY BUSINESS ENTERPRISE			
MBE Classifications	Yes	Certifying Agency	Expiration
African American			
Asian American			
Disadvantage Business			
Hispanic American			
HubZone / Labor Surplus Area			
Minority Owned Business			
Native American			
Small Business Enterprise			
Veteran Owned Small Business			
Woman Owned Business			

If you selected "Yes" to any of the above items, please attach proof of certification.

GEOGRAPHIC PREFERENCE	
Local Broward County Vendor	
Local Pembroke Pines Vendor	
Not a Local Broward County of Pembroke Pines Vendor	

Please read and complete the attached "Local Vendor Preference Certification" Form and select the applicable option above.

STATE REGISTRATION	
Is your company registered with the State of Florida? (Y/N)	
If not, what state is your company registered in?	

Please attach the print out from <https://dos.myflorida.com/sunbiz/> or the appropriate state showing your active registration and any applicable fictitious names that are registered.