

**CITY OF NORTH MIAMI BEACH  
VENDOR REGISTRATION FORM**

**ADDRESS INFORMATION**

**Contact name:**

**Company name:**

**Tel:**

**E-mail:**

**Cell:**

**(Email address provided is where all purchase orders will be sent)**

**Registered company address:**

**City:**

**State:**

**ZIP Code:**

**Federal Tax id :**

**Remittance Address (if different from above):**

**City:**

**State:**

**ZIP Code:**

**Tel:**

**ADDITIONAL REQUIRED FORMS**

- 1. Please complete W9 form and return with completed form.**
- 2. Please Submit Certificate Of Insurance.**

**PROCUREMENT MANAGEMENT DIVISION**

**Donna Rockfeld, Chief Procurement Officer  
City of North Miami Beach**

**Return paperwork to:**

**Email: [bids@citynmb.com](mailto:bids@citynmb.com) or  
Attn.: [Sharde.Jackson@citynmb.com](mailto:Sharde.Jackson@citynmb.com)**

The City of North Miami Beach

