



VENDOR BID LIST REGISTRATION FORM

The School District of Lee County

Procurement Department
2855 Colonial Blvd.
Fort Myers, FL 33966
(239) 337-8180 • (239) 337-8200 fax
Email: ZoraidaEC@LeeSchools.net

New Registration **Updated Registration**

Name of Company _____

Owner/President _____ Minority Business (Yes/No) _____

Address _____

City _____ State _____ Zip _____

Toll-Free Phone _____ Fax _____

Website _____ Company E-Mail _____

Account Representative _____ Phone _____

E-Mail Address _____ Years in business _____

Federal EIN # _____ Florida Sales Tax # _____

Filing of this Vendor Bid List Registration Form supplies information only. It does NOT register you as a vendor with the School District.

As a potential vendor of The School District of Lee County [SDLC], I _____ certify that:
NAME

[A] I am not an employee of SDLC and that to the best of my knowledge and belief, no relative or personal relationship exists which may be a potential conflict of interest between my organization and any employee or agent of SDLC.

[B] A Potential Conflict of Interest may exist between my organization and an employee of SDLC.
Please explain potential conflict on an attached sheet.

Please provide the industry standard NAICS commodity codes relevant to your firm. These commodity codes can be located on the NAICS website. Please visit <http://www.naics.com/search/> to locate your NAICS commodity codes.

Please indicate in the boxes below the commodity code numbers of all item(s) you wish to furnish to the District. When the District issues a BID(s), RFP(s) and/or ITN(s) for the commodities you indicate, the District will attempt notify you at the email address above.

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Please indicate in the boxes below the products/services you wish to furnish to the District. When the District issues a BID(s), RFP(s) and/or ITN(s) for the commodities you indicate, the District will attempt to notify you at the email address above.

I certify:

- To the best of my knowledge, the elements of information provided herein are accurate and true as of this date;
- I understand that it is my responsibility to advise the Procurement Department in writing of any changes of information on this form: (i.e. addresses, contacts, phone/FAX numbers, email addresses, classification codes, etc.);
- My organization shall not provide any product or service without first having in our possession an authorized purchase order issued by the District Procurement Services Department. I understand that payment for any product or service provided without an authorized purchase order is NOT the responsibility of the District and that I will be required to obtain payment from the individual requestor; and

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Signature: _____

Printed Name: _____

Title: _____

Date: _____