

Vendor Acknowledgement Form

This form is designed to inform the below vendor of all the requirements of the Purchasing/Procurement and Accounting Procedures in place at Central Florida Health Care (CFHC). CFHC can receive and send all payments through ACH with vendors that can choose this option.

CFHC is a not-for-profit 501-C-3 organization and as such, is tax-exempt. The vendor packet sent to all vendors will include CFHC’s Florida Certificate of Exemption.

The following forms are required to be completed prior to any monetary exchange between said vendor and CFHC:

1. Vendor Acknowledgement Form
2. Conflict of Interest Form
3. ACH Enrollment Form (optional)
4. Vendor Application
5. W-9; Request for Taxpayer ID Number and Certification

By signing below, vendor agrees to submit all the additional forms along with this Vendor Acknowledgement Form.

As a duly authorized representative of said vendor, I hereby acknowledge receipt of the vendor packet and will comply with all responsibilities of submitting invoices/payments per the terms and conditions set forth in the fully executed contract or agreement between the parties.

Signed on this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title

Vendor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name, if different than above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Return entire packet to:**  Accountspayable@cfhconline.org