



HACFM VENDOR REQUEST FORM

4224 Renaissance Preserve Way
Fort Myers, FL. 33916

Name of Business

Mailing Address

Physical Address

City State Zip

City State Zip

Contact Person

Phone/Fax

Cell Phone

E-mail Address

Taxpayer Identification Number (TIN):
MUST MATCH W-9 FORM

OR

Social Security Number

Name as it appears on Social Security Card

Send 1099: Payment Terms Net: _____

Minority Business Type: Yes No

Section 3: Yes No

Race/Ethnic Codes:

Trade Types:

Program Codes:

If other,
list here

Notes / Comments:

Identify from the attached list of Commodity Codes what type of work your company performs. Please only select those codes that apply to your business and not subcontracted out to others.

By registering as a vendor with the Housing Authority of the City of Fort Myers (HACFM), your company name and information will become available to the Procurement Official as a sourcing mechanism only. There is no guarantee implied that your company will be notified on procurements which fall under the company's line of business as identified under the commodity codes list. No work/contract is guaranteed.

It is the responsibility of the applicant(s) to notify our office when any information submitted on this form changes.

Submitted by: (print or type)

First & Last Name Title Date

Phone/Email (print of type)

Phone Number Email Address

Signature:

Signature



City of Palms
THE HOUSING AUTHORITY
OF THE CITY OF FORT MYERS, FLORIDA

Commodity Codes for Supplies & Equipment

Air Condition/Heating Equipment, etc.
Appliance Parts
Appliances - Ranges, Refrigerators, etc.
Audio Visual
Automobiles/Trucks/Vans
Awards/plaques
Bar Codes
Batteries
Blueprints
Cameras
Carpet, Tile, etc.
Cell Phones/Air Time
Clothing
Clothing Safety
Computer ERP System
Computer Hardware - Main Frame
Computer Hardware - Micro, parts, etc.
Computer Software
Concrete Materials and Tools
Copiers / Multi-Function Printers
Doors & Parts
Electrical
Elevators/parts
Fasteners/Bolts/Screws
Fencing/parts
Fuel Bulk
Fuel/Lubricants
Garage Doors & Parts
Glass/Windows/Screens
Janitorial
Kitchen Cabinets/Parts
Lighting
Medical
Microsoft software
Modems
Mowers/edgers/weed eaters
Office/Supplies/Furniture
Paint/Accessories
Plants/Trees/Nursery
Playground/Park
Plumbing
Roofing Materials
Sand/Gravel/Soil
Shades/Blinds
Signage

Commodity Codes for Service

Accounting/Auditing
Advertising
Air Conditioning/Heating Installation
Air Conditioning/Heating Repair
Alarm Systems
Appraisals
Architect - Commercial
Architect - Landscape
Architect - Residential
Architect - Urban Design
Asbestos/Mold Removal/Disposal
Asbestos/Mold Testing
Auction Services
Automotive/Truck Repair
Awnings/Installation/Repair
Bar Coding
Blind Installation
Carpet/Tile Installation
Carpet/Tile/Blind Cleaning
Concrete/Repair/Replacement
Copier Maintenance& Repair
Decorative Fencing/Installation/Repair
Demolition
Developers/Property/Real Estate
Duct Cleaning
Education/Training
Electricians
Elevator Repairs/Service
Engineering - Civil
Engineering - Electrical
Engineering - Hydraulic
Engineering - Mechanical
Engineering - Structural
Equipment Repair/mowers/blowers/weed eaters
Fence/Installation/Repair
Fire Alarm
Fire Extinguisher/inspection/repair
General Contractor
Glass/Window Glazing/Repair/etc.
Hazardous Materials Disposal
Insurance/Medical/Dental/Vision
Interior Design
Interpreter
Inventory
Irrigation System Service/Repair



Commodity Codes for Supplies & Equipment

Tools
Traffic/Safety
Washer/Dryers
Water Heaters & Parts

Commodity Codes for Service

IT Solutions/Support
Janitorial/Custodial
Lawn & Landscape
Lawn Equipment Repair
Lease Equipment
Legal/Attorney
Masonry
Metal Fabrication
Moving/Packing
Painting
Parking Lot Installation/Repair/Striping
Pest Control
Photography
Planning Designing
Planning Services/Master
Plumber
Rental Equipment
Roof Replacement/Repair
Security Systems & Service
Surveying/Property
Telecommunication
Telephone Installation/Repair
Temporary Employment Agency
Tool Repair
Towing
Tree/Trimming/Removal
Welding
Window Cleaning

***Please submit a current W-9 form and
fill out the ACH form below prior to clicking submit Form***



Vendor Authorization Agreement for Automatic Payment (ACH) (All information to be typed or clearly printed)

First time request for ACH Payments

Request to Change ACH Payment Information

The following Bank Information applies to:

Vendor Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Bank Account Information: I hereby authorize the Housing Authority of the City of Fort Myers to initiate deposits to the Checking Account described below: (No Savings Accounts)

Bank Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Routing/ABA# _____

Bank Account # _____

Deposit Notification Information: I hereby authorize the following individual to receive notifications via email of payments details of all funds deposited to the above account)

Name _____

Email Address _____

Title: _____

Phone # _____

Term: This authority shall remain in full force and effect until the Housing Authority of the City of Fort Myers has received written notification of discontinuation and in such manner as to afford the Housing Authority of the City of Fort Myers and Depository a reasonable opportunity to act on it.

Authorized Signer: _____

Printed or typed

Authorized Signer: _____

Signature

Title: _____