

# PASCO SHERIFF'S OFFICE VENDOR APPLICATION

Chris Nocco, Sheriff  
Pasco Sheriff's Office  
8700 Citizens Drive  
New Port Richey, FL 34654  
[www.pascosheriff.com](http://www.pascosheriff.com)



Purchasing Department  
Pasco Sheriff's Office  
19415 Central Blvd  
Land O'Lakes, FL 34637  
[purchasing@pascosheriff.org](mailto:purchasing@pascosheriff.org)

*To establish your business as a vendor for the Pasco Sheriff's Office please complete the following application and provide the following documentation.*

*Return Completed Application to [accountspayable@pascosheriff.org](mailto:accountspayable@pascosheriff.org) or Fax it to 813.235.6087*

- Completed and Signed W9 (W8 for a Foreign Based Company)
- Business Tax Receipt from Pasco County or other municipality's business license
- Certificates of Liability and Workers' Compensation Insurance (for onsite service providers)
- IRS Form 8832 or Form 2553 (If your company is an LLC or LLP filing as a Corporation)
- Completed Pasco Sheriff's Office ACH Form

*Please type or print clearly using dark ink.*

Business Name (as it is entered on your Federal Tax Return): \_\_\_\_\_

Owners Name per IRS records if reporting under SS#: \_\_\_\_\_

Federal Tax ID Number \_\_\_\_\_ or Social Security Number \_\_\_\_\_

**Business Type (Check One)**

- Commodity
- Services

**Sales Contact**

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Accounting Contact**

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Visa/MasterCard Accepted**

- YES
- NO

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_

Physical Address:

\_\_\_\_\_

Mailing Address:

\_\_\_\_\_

Accounts Receivable Address:

\_\_\_\_\_

**PSO USE ONLY:** Vendor#: \_\_\_\_\_

Date: \_\_\_\_\_ Completed By: \_\_\_\_\_