



JACKSONVILLE TRANSPORTATION AUTHORITY

Supplier Information Form

Instructions

This form is to be completed and submitted to the Jacksonville Transportation Authority via email to supplier@jtafla.com. Please see list in Section 6 for all requirements. The Jacksonville Transportation Authority will use the name listed at the top of this form in the "Supplier Name" line as your Business Name. Please make sure that you place your legal business name on this line.

Part 1. Supplier Information – Complete the information below, all fields are required

Supplier Name (Organization Name)			
Taxpayer I.D (FED# or SS#)			
D-U-N-S #			
Address for Orders/Correspondence*			
Address			
City	State	Zip	
Country (if not US)			
Contact Name	Contact Phone		
Contact Fax	Secondary Contact Name		
Email Address for PO's/Orders			
Email Address for Payments			
Email Address for Bids/RFP's			

Supplier Type (Only check one box)

Goods Only Goods & Services Services Only

If Services are selected, will they be on-site?

***Multiple Sites** – If additional addresses are required for receipt of 1099 forms, submit the address and contact information for each additional site on a separate page.

Part 2. Remittance Information – Complete the information below to ensure proper processing

Remittance Address			
Addressee			
City	State	Zip	
Country (if not US)			
Contact Name	Contact Phone		
Contact Fax	Contact Email		

Part 3. Disadvantaged Business Enterprise Code – Check a Code and Description

- | | |
|--------------------------|------------------------------|
| 1 – Black Male | A – Black Female |
| 2 – Hispanic Male | B – Hispanic Female |
| 3 – Native American Male | C – Native American Female |
| 4 – Asian-Indian Male | D – Asian-Indian Female |
| 5 – Asian-Pacific Male | E – Asian-Pacific Female |
| 6 – Other Male | F – Other Female (Caucasian) |

Part 4. Payment Information - Complete the information below to ensure proper payment processing

Preferred Payment Information	<input type="checkbox"/> ACH	<input type="checkbox"/> Check	<input type="checkbox"/> Net 30	<input type="checkbox"/> 2% 10/Net 30
ACH Payment Email Address				
ACH Bank Routing Number				
Bank Branch Name				
Bank Account Number				
Country				

Part 5. Supplier Submittal

I, _____ the undersigned, hereby certify that the following statements are true and correct and that I understand and agree to be bound by the commitments contained herein.

Signature _____
(Submitted by) _____ *Date* _____

Printed Name: _____
Title _____

Part 6. JTA Supplier Set Up Requirements Checklist

Supplier Form	
W-9	
If On-Site Services, Certificate of Insurance	
Sunbiz.org – Registered to Do Business in the State of Florida	
Sam.gov – No Exclusions	

Part 7. JTA Staff Review

Reviewed and Input(Initial): _____
Date: _____
Supplier Number Assigned: _____