



**Jacksonville Aviation Authority Use Only**

Date Received \_\_\_\_\_

Date Entered \_\_\_\_\_

By: \_\_\_\_\_

Supplier #: \_\_\_\_\_

## SUPPLIER APPLICATION

Jacksonville Aviation Authority  
 Procurement Department  
 14201 Pecan Park Road  
 Administrative Building, 2<sup>nd</sup> Floor  
 Jacksonville, FL 32218  
 Phone: 904.741.2355; Fax: 904.741.2350  
 Email: [procurement-bids@flyjacksonville.com](mailto:procurement-bids@flyjacksonville.com)

Please complete this form for your firm to be included in the Jacksonville Aviation Authority supplier database. Be sure to mark the appropriate NAICS code attached to the form. Fax, mail or email the completed form to the above referenced address.

**TAX FILING STATUS:** Check the box that applies to your organization and complete the appropriate fields below:

Individual/Sole Proprietor   
  C Corporation   
  S Corporation   
  Partnership   
  Trust/Estate   
  Other

Limited Liability Company. Enter the tax classification (C=C Corporation, S=S Corporation, P=Partnership) » \_\_\_\_\_

Social Security# \_\_\_\_\_   
 Tax Exempt Certificate# \_\_\_\_\_   
 Fed. Tax ID# \_\_\_\_\_

1. COMPANY NAME: \_\_\_\_\_

2. MAILING ADDRESS: \_\_\_\_\_

City	State	County	Zip Code
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3. REMIT-TO ADDRESS: \_\_\_\_\_

City	State	County	Zip Code
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4. CONTACT PERSON: \_\_\_\_\_

5. EMAIL ADDRESS: \_\_\_\_\_

6. WEBSITE ADDRESS: \_\_\_\_\_

7. TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

8. PREFERRED METHOD TO RECEIVE PURCHASE ORDERS: MAIL \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

9. INDICATE FIRM CERTIFICATION:  DBE  JSEB  MBE  SBE  WBE  N/A

10. ETHNICITY:  AFRICAN AMERICAN  ASIAN  HISPANIC  INDIAN  NON-MINORITY WOMAN  OTHER  
*(For statistical purposes only)*

### PLEASE SUBMIT W-9 WITH APPLICATION

I HEREBY CERTIFY THAT THE INFORMATION SUPPLIED HEREIN IS CORRECT:

_____ Print or Type Name & Title	_____ Signature	_____ Date
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**IT IS THE SOLE RESPONSIBILITY OF THE SUPPLIER TO PROMPTLY NOTIFY THE JACKSONVILLE AVIATION AUTHORITY PROCUREMENT DEPARTMENT OF ANY AND ALL CHANGES TO THE APPLICATION**

**VISIT THE JACKSONVILLE AVIATION AUTHORITY WEBSITE AT [WWW.FLYJACKSONVILLE.COM](http://WWW.FLYJACKSONVILLE.COM) FOR CURRENT AND UPCOMING PROCUREMENT OPPORTUNITIES**

**GOING BEYOND, DAILY**

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**PLEASE REVIEW THE ATTACHED LIST OF NAICS CODES  
CIRCLE THE CATEGORIES THAT APPLY TO YOUR ORGANIZATION**

**LIMIT YOUR CHOICES TO THREE (3) CATEGORIES**

*(Remainder of the page intentionally left blank)*



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**ACH Authorization  
For Electronic Funds Transfer  
SUPPLIERS ONLY**

**NOTICE:** In accordance with Florida Law, the account number and banking institution information below is confidential and exempt from public records. Jacksonville Aviation Authority (JAA) and its systems will keep this information in a manner in accordance with Florida Law.

This form is being completed due to:

- \_\_\_\_\_ Initial Enrollment
- \_\_\_\_\_ Change in Bank Account Number (same financial institution)
- \_\_\_\_\_ Change in Financial Institution

I authorize Jacksonville Aviation Authority (JAA) to deposit payments as instructed into the undersigned's bank account by the means of Electronic Funds Transfer for payment. I will also allow access for adjustments (debit transactions) in the event of billing errors. Disputes regarding deposits (credits) should be made within fifteen (15) days of issuance of the account statement. Disputes regarding charges (debits) should be made within forty-five (45) days after the account was charged.

Until notification in writing of cancellation, this authorization will continue to be valid.

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

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

Transit/ABA #: \_\_\_\_\_

Bank Account #: \_\_\_\_\_

Type of Account:    Checking       Savings       Other

Remittance

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

Fed Tax ID#/SS#: \_\_\_\_\_

By submitting this form, you are certifying that you have read and reviewed this document and the person signing below is an authorized representative of the Company.

Authorized by Signature: \_\_\_\_\_

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

Title: \_\_\_\_\_

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

Date: \_\_\_\_\_

Return this form directly to the Procurement Department via email: [procurement-bids@flyjacksonville.com](mailto:procurement-bids@flyjacksonville.com)