



Complete this area only

SUPPLIER INFORMATION

COMPANY NAME: _____

FEDERAL TAX ID (FEIN): _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____

CONTACT NAME: _____

PHONE: _____

FAX: _____

EMAIL: _____

REQUESTER INFORMATION

NAME: _____

TITLE: _____

PHONE: _____

EXPENDITURE AUTHORITY LEVEL: _____

I certify that the above listed company is a legitimate business organization and recommend the Florida East Coast Railway (Railway) establish an ongoing business relationship. I certify that I have no personal ownership or connection to this company and that I have no immediate family members with personal ownership or connection to this company.

SIGNATURE: _____

DATE: _____

Forward to: Purchasing Department - Attach W-9 Form

Fax: 904-826-2361

PURCHASING DEPARTMENT

I certify that the above listed company is a legitimate business organization and recommend the Florida East Coast Railway (Railway) establish an ongoing business relationship. I certify that I have verified the vendor information and approve this request. I certify that I have no personal ownership or connection to this company and that I have no immediate family members with personal ownership or connection to this company.

SIGNATURE: _____

TITLE: _____

DATE: _____