



Company Name:

Business Address:

Circle One: Federal Tax ID or SSN Number:

Notice Regarding the collection of Social Security Numbers: The City of Dunedin collects your social security number for one or more of the following purposes: identification and verification; credit worthiness; billing and payments; data collection; reconciliation; benefit processing, tax reporting, federal reporting requirements; worker's compensation; employment applications; and pre-employment physicals.

Organization Type: Individual Corporation Partnership Other/Specify:
Payment Terms: Net 30 Other/ Specify:

Pay to Name:

Remit to Address:

Billing Information:

Contact:

Phone:

Email:

Quotes/ Bids Information:

Contact:

Phone:

Email:

Purchase Order Information:

Contact:

Phone:

Email:

FOR EMAILED PO'S, PLEASE IDENTIFY PROPER EMAIL FOR PO TRANSMITTAL:

I certify that the information supplied herein, including all pages attached, is correct and that neither the applicant nor any person for concern in any connection with the applicant as a principal or officer so far as is known, is now debarred or otherwise declared ineligible by the City of Dunedin to bid on furnished materials, supplies, or services for the City or any agency thereof:

Signature:

Title:

Date:

Anti-Human Trafficking Affidavit

Instructions: This form must be completed by an officer or representative of an entity entering into, renewing, or extending, a contract with the City of Dunedin.

The undersigned, on behalf of _____ (“Contractor”), hereby attests as follows:

- A. Contractor understands and affirms that Section 787.06(13), Florida Statutes, prohibits the City of Dunedin from executing, renewing, or extending a contract to entities that use coercion for labor or services, with such terms defined as follows:
 - **“Coercion”** means: **(1)** using or threatening to use physical force against any person; **(2)** restraining, isolating, or confining or threatening to restrain, isolate, or confine any person without lawful authority and against her or his will; **(3)** using lending or other credit methods to establish a debt by any person when labor or services are pledged as a security for the debt, if the value of the labor or services as reasonably assessed is not applied toward the liquidation of the debt, the length and nature of the labor or services are not respectively limited and defined; **(4)** destroying, concealing, removing, confiscating, withholding, or possessing any actual or purported passport, visa, or other immigration document, or any other actual or purported government identification document, of any person; **(5)** causing or threatening to cause financial harm to any person; **(6)** enticing or luring any person by fraud or deceit; or **(7)** providing a controlled substance as outlined in Schedule I or Schedule II of Section 893.03, Florida Statutes, to any person for the purpose of exploitation of that person.
 - **“Labor”** means work of economic or financial value.
 - **“Services”** means any act committed at the behest of, under the supervision of, or for the benefit of another. The term includes, but is not limited to, forced marriage, servitude, or the removal of organs.
- B. Contractor hereby attests, under penalty of perjury, that Contractor does not use coercion for labor or services as defined in Section 787.06(2), Florida Statutes.

I, the undersigned, hereby represent that I make the above attestation based upon personal knowledge; am over the age of 18 years and otherwise competent to make the above attestation; and am authorized to legally bind and make the above attestation on behalf of Vendor. **Under penalties of perjury, I declare that I have read the forgoing document and that the facts stated in it are true.**

Authorized Signature: _____ **Date:** _____
Printed Name: _____ **Title:** _____

STATE OF _____
 COUNTY OF _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this ____ day of _____, 20____, by _____, as _____ on behalf of the company/corporation. They are personally known to me or have produced _____ as identification.

 Signature of Notary Public

 Name of Notary Typed, Printed or Stamped
 My Commission Expires: _____